

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90067 025 \*\*\*\*61.25

**DOCUMENT # N95000004123**

1. Entity Name

**NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION - T**

Principal Place of Business

Mailing Address

14028 CAPITOL DR  
TAMPA FL 33613

14028 CAPITOL DR  
TAMPA FL 33613  
US

2. Principal Place of Business

3. Mailing Address

~~3418 West North A Street~~

~~3418 West North A Street~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4

#4

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3342885

Applied For

Not Applicable

Zip

Country

Zip

Country

33609

USA

33609

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGER, JOHN  
14028 CAPITOL DR  
TAMPA FL 33613

Name

Hart, Harold

Street Address (P.O. Box Number is Not Acceptable)

2004 East Caracas Street

City

Tampa

FL

Zip Code  
33610

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE HAROLD HART - PRESIDENT

4/13/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, GERARD 8937 MAGNOLIA CHASE TAMPA FL 33647-2220	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROWDER, RANDY 803 STRAWBERRY LN SARSOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EMANUEL, FRANK 16014 E. COURSE DR TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REGER, JOHN SR. PO BOX 82926 TAMPA FL 33682	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, HAROLD 2004 EAST CARACAS STREET TAMPA, FL, 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENWOOD, DAVID 18132 LEAFWOOD CIRCLE LUTZ, FL, 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VD MC HALE, TOM 16001 LANGHORNE COURT TAMPA, FL, 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, TOM 6117 APPROACH ROAD SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COTNEY, MARK 4809 CHEVAL BOULEVARD LUTZ, FL, 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD COVINTON, TONY 11922 KEATING DRIVE TAMPA, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Hart - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/01

Date

Daytime Phone #

(813) 414-9799

CR2E037 (10/00)