

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004123**

1. Entity Name

**NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION - T
AMPA BAY CHAPTER, INC.**

Principal Place of Business

**3418 WEST NORTH A STREET
#4
TAMPA FL 33609**

Mailing Address

**3418 WEST NORTH A STREET
#4
TAMPA FL 33609
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3342885

Applied For

Not Applicable

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

**HART, HAROLD
2004 EAST CARACAS STREET
TAMPA FL 33610**Name **HAROLD HART**

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

2004 EAST CARACAS STREET**TAMPA**

City

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**4/30/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	HART, HAROLD	
STREET ADDRESS	2004 EAST CARACAS STREET	
CITY-ST-ZIP	TAMPA FL 33610	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	GREENWOOD, DAVID	
STREET ADDRESS	18132 LEAFWOOD CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	2VD	<input type="checkbox"/> Delete
NAME	MCHALE, TOM	
STREET ADDRESS	16001 LANGHORNE COURT	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	COTNEY, MARK	
STREET ADDRESS	4809 CHEVAL BOULEVARD	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, TOM	
STREET ADDRESS	6117 APPROACH ROAD	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	BMD	<input type="checkbox"/> Delete
NAME	COVINGTON, TONY	
STREET ADDRESS	11922 KEATING DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**4/30/02****(813) 495-0497**

CR2E037 (9/01)