

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90028 046 ****70.00

DOCUMENT # N95000004123

1. Entity Name

NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION - TAMPA 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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, HAROLD
2004 EAST CARACAS ST.
TAMPA FL 33610**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida 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	VD	<input checked="" type="checkbox"/> Delete
NAME	GREENWOOD, DAVID	
STREET ADDRESS	18132 LEAFWOOD CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	MCHALE, TOM	
STREET ADDRESS	16001 LANGHORNE COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COTNEY, MARK	
STREET ADDRESS	4809 CHEVAL BOULEVARD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, TOM	
STREET ADDRESS	6117 APPROACH ROAD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	COVINGTON, TONY	
STREET ADDRESS	11922 KEATING DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	

TITLE	1st VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold Hart	
STREET ADDRESS	2004 E. Caracas Street	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE	2nd VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Holt	
STREET ADDRESS	8639 N. Himes Ave. APT.#2716	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom McHale	
STREET ADDRESS	5310 Ambrose Ct.	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Cotney	
STREET ADDRESS	4809 Cheval Blvd.	
CITY-ST-ZIP	Tampa, FL 33549	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Brown	
STREET ADDRESS	6117 Approach Road	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tony Covington	
STREET ADDRESS	11922 Keating Drive	
CITY-ST-ZIP	Tampa, FL 33626	

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 an other like empowered.

SIGNATURE: *Harold Hart* **HAROLD HART**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

(813) 495-0497

Date

Daytime Phone # 1145-4407

CR2E037 (10/02)