

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006992

1. Entity Name

NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION-SOU

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90018 032 ****61.25

Principal Place of Business

Mailing Address

707 SOUTH RD.
 BOYNTON BEACH FL 33498

707 SOUTH RD.
 BOYNTON BEACH FL 33498

2. Principal Place of Business

3. Mailing Address

4132 B Quail Ridge DR. 4132 B Quail Ridge DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Bch FL

Boynton Beach FL

4. FEI Number

Applied For

Not Applicable

33436 Palm Beach

33436 Palm Beach

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

SORENSEN, THOMAS

707 SOUTH RD.

BOYNTON BEACH FL 33498

Name

Sorensen, Thomas

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

4132 B Quail Ridge Drive

City

Boynton Bch

FL

Zip Code

33436

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 Thomas Sorensen

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

(NOTE: Registered Agent signature required when reinstating)

9/12/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 P
 NAME SORENSEN, THOMAS
 STREET ADDRESS 707 SOUTH RD.
 CITY-ST-ZIP BOYNTON BEACH FL 33498

TITLE P
 NAME Sorensen, Thomas
 STREET ADDRESS 4132 B Quail Ridge DR.
 CITY-ST-ZIP Boynton Bch, FL 33436

TITLE VP
 NAME H.R. Silvagni
 STREET ADDRESS 2190 Laurel Lane
 CITY-ST-ZIP N. Miami, FL 33181

TITLE VP
 NAME H.R. Silvagni
 STREET ADDRESS 2190 Laurel Lane
 CITY-ST-ZIP N. Miami, FL 33181

TITLE T
 NAME Thomas J. Treanor
 STREET ADDRESS 6692 Green Island CR.
 CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE T
 NAME Thomas J. Treanor
 STREET ADDRESS 6692 Green Island CR.
 CITY-ST-ZIP LAKE WORTH FL 33463

TITLE S
 NAME Thomas M. Braatz
 STREET ADDRESS 3131 NE 55th CT
 CITY-ST-ZIP Ft. Lauderdale, FL 33308

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 NAME Thomas M. Braatz
 STREET ADDRESS 3131 NE 55th CT
 CITY-ST-ZIP Ft. Lauderdale FL 33308

TITLE
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 CITY-ST-ZIP

TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 (561) 733-3766

Date

Daytime Phone #

CR2E037 (5/00)