

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90309 014 ****61.25

DOCUMENT # N99000006992

1. Entity Name

NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION-SOUTH FLORIDA CHAPTER, INC.



Principal Place of Business

**4132 B QUAIL RIDGE DR
996
BOYNTON BEACH FL 33436**

Mailing Address

**4132 B QUAIL RIDGE DR
996
BOYNTON BEACH FL 33436**

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 **65-0914362**

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

**SORENSEN, THOMAS
4132 B QUAIL RIDGE DR
996
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent --

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.

H. Thomas Sorensen, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/03

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

TITLE **TD** ☐ Delete
NAME **SORENSEN, THOMAS**
STREET ADDRESS **4132 B QUAIL RIDGE DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **PD** ☒ Delete
NAME **SILVAGNI, H.R.**
STREET ADDRESS **2190 LAUREL LN**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE **SD** ☒ Delete
NAME **BRAATZ, TOM**
STREET ADDRESS **3131 NE 55TH CT.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☒ Addition
NAME **Grantis Bell**
STREET ADDRESS **3049 La Mirage Drive**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE **SD** ☒ Change ☐ Addition
NAME **Alvin Blount**
STREET ADDRESS **1300 W Miami Gardens DR.**
CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **VPO** ☐ Change ☒ Addition
NAME **Frank Middleton**
STREET ADDRESS **14800 SW 166 ST.**
CITY-ST-ZIP **Miami, FL 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

THOMAS SORENSEN **REQUIRE** **Thomas Sorensen Treasurer** **5/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Print Name

CR2E037 (10/02)