

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079072

1. Entity Name

AMERICAN ASSOCIATION OF PROFESSIONAL FOOTBALL PL

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90847 001 ***150.00

Principal Place of Business

Mailing Address

1761 W. HILLSBOROUGH BLVD.
S-328
DEERFIELD BEACH FL 33442

1761 W. HILLSBOROUGH BLVD.
S-328
DEERFIELD BEACH FL 33442-1562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0714214

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOGEN, MARK D
1761 W. HILLSBOROUGH BLVD.
S-328
DEERFIELD BEACH FL 33442

Name Elvarado Baptiste

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

1761 W. Hillsboro Blvd.

Suite 328

City Deerfield Beach

FL

Zip Code 33442

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 *Elvarado Baptiste*

(Elvarado Baptiste)

4/20/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME BOGEN, MARK
STREET ADDRESS 3700 AIRPORT RD, #307
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Bogen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

954-429-8970

Daytime Phone #

CF E034 (9/99)