

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004285

1. Entity Name

TANGER FACTORY OUTLET CENTERS, INC.

Principal Place of Business

Mailing Address

1400 W. NORTHWOOD STREET
GREENSBORO NC 27408

P.O. BOX 29168
GREENSBORO NC 27404-0889

2. Principal Place of Business

3200 NORTHLINE AVE

Suite, Apt. #, etc.

SUITE 360

City & State

GREENSBORO NC

Zip
27408

Country

USA

3. Mailing Address

3200 NORTHLINE AVE

Suite, Apt. #, etc.

SUITE 360

City & State

GREENSBORO NC

Zip

27408

Country

USA

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90007 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1815473

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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 ☐ Delete

NAME
CD
TANGER, STANLEY K
STREET ADDRESS
1400 W. NORTHWOOD STREET
CITY-ST-ZIP
GREENSBORO NC 27408

TITLE ☐ Delete

NAME
PD
TANGER, STEVEN B
STREET ADDRESS
150 E. 58TH STREET, SUITE 1201
CITY-ST-ZIP
NEW YORK NY 10155

TITLE ☐ Delete

NAME
D
BENTON, WILLIAM G
STREET ADDRESS
915 W. 4TH ST.
CITY-ST-ZIP
WINSTON-SALEM NC 27101

TITLE ☐ Delete

NAME
D
AFRICK, JACK
STREET ADDRESS
230 GLADES ROAD SUITE 220 W
CITY-ST-ZIP
BOCA RATON FL 33431

TITLE ☐ Delete

NAME
D
ROBINSON, THOMAS E
STREET ADDRESS
111 S. CLAVERT STREET
CITY-ST-ZIP
BALTIMORE MD 21203

TITLE ☐ Delete

NAME
SVC
MARCHISELLO, FRANK C JR
STREET ADDRESS
1400 W. NORTHWOOD STREET
CITY-ST-ZIP
GREENSBORO NC 27408

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)