

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90117 017 \*\*\*150.00

0450863 AV

**DOCUMENT # S31546**

1. Entity Name  
**PARKER-LINCOLN COMMERCIAL REALTY, INC.**



Principal Place of Business  
**201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602**

Mailing Address  
**201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3050029**

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

**MITCHELL, STEPHEN J.  
201 N. FRANKLIN STREET, SUITE 2100  
SUITE 2100  
TAMPA FL 33602**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input type="checkbox"/> Delete
NAME	PARKER, JACK	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	GLICK, ADAM	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MITCHELL, STEPHEN J.	
STREET ADDRESS	201 N FRANKLIN ST #2100	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRADY, DAVID	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	URBEN, DAVID A.	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	GORDON, JULIUS	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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

4-11-03

Date Daytime Phone #

CR2E034 (10/02)