

2002 UNIFORM BUSINESS REPORT (UBR)

0019632
AB

DOCUMENT # B97000000679

1. Entity Name

GLIMCHER UNIVERSITY MALL LIMITED PARTNERSHIP

Principal Place of Business

20 SOUTH THIRD STREET
COLUMBUS OH 43215

Mailing Address

20 SOUTH THIRD STREET
COLUMBUS OH 43215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

31-1578002

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.

DATE

9. Capital Contributions
as Shown on record.

\$64,032,709.00

10. Amount of Capital Contributions
in FLORIDA to date.

70,573,215

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000006624
NAME GLIMCHER TAMPA, INC.
STREET ADDRESS 20 SOUTH THIRD STREET
CITY-ST-ZIP COLUMBUS OH 43215

STREET ADDRESS

CITY-ST-ZIP

800005597178--4

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

George M. Harman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

George M. Harman, VP/Controller (614) 621-9000
Date Daytime Phone #

CR2E003 (9/01)