

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90010 037 ***150.00

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1. Entity Name
TAMPA BAY MALL SECOND TIER GENERAL PARTNER CORPORATION



Principal Place of Business
**270 COMMERCE DRIVE
ROCHESTER, NY 14623**

Mailing Address
**270 COMMERCE DRIVE
ROCHESTER, NY 14623**

60014688



01182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
74-3073519

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	P	<input type="checkbox"/> Delete
NAME	GLAZER, EDWARD	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SONDERICKER, WILLIAM C	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GLAZER, KEVIN	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLAZER, AVRAM	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLAZER, JOEL	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLAZER, BRYAN	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14623	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Glazer	
STREET ADDRESS	270 Commerce Drive	
CITY-ST-ZIP	Rochester, NY 14623	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darcie Glazer	
STREET ADDRESS	270 Commerce Drive	
CITY-ST-ZIP	Rochester, NY 14623	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Glazer	
STREET ADDRESS	270 Commerce Drive	
CITY-ST-ZIP	Rochester, NY 14623	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Avram Glazer	
STREET ADDRESS	270 Commerce Drive	
CITY-ST-ZIP	Rochester, NY 14623	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel Glazer	
STREET ADDRESS	270 Commerce Drive	
CITY-ST-ZIP	Rochester, NY 14623	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan Glazer	
STREET ADDRESS	270 Commerce Drive	
CITY-ST-ZIP	Rochester, NY 14623	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

William Sondericker

William Sondericker

1-25-06

585-359-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone