

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90097 016 ***150.00

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

DOCUMENT # F02000006386

1. Entity Name

TAMPA BAY GROUND LEASE SECOND TIER GENERAL PART
ER CORPORATION



Principal Place of Business
270 COMMERCE DRIVE
ROCHESTER NY 14623

Mailing Address
270 COMMERCE DRIVE
ROCHESTER NY 14623

55045498



74-3073524

☐ 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

APPLIED FOR

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, 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 PD
NAME GLAZER, EDWARD
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER NY 14623 ☐ Delete

TITLE VPO
NAME Glazer, Darcie
STREET ADDRESS 270 Commerce Dr.
CITY-ST-ZIP Rochester, N.Y. 14623 ☐ Change ☒ Addition

TITLE VPAS
NAME SONDERICKER, WILLIAM C
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER NY 14623 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPST
NAME GLAZER, KEVIN
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER NY 14623 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME GLAZER, AVRAM
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER NY 14623 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME GLAZER, JOEL
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER NY 14623 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME GLAZER, BRYAN
STREET ADDRESS 270 COMMERCE DRIVE
CITY-ST-ZIP ROCHESTER NY 14623 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone

4/21/03 (585) 359-300

CR2E034 (10/02)