

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90001 012 \*\*\*150.00

**DOCUMENT # F02000006458**

1. Entity Name  
**TAMPA BAY GROUND LEASE GENERAL PARTNER  
CORPORATION**



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

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

**54064689**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number

**74-3073508**

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

**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: 07/26/2004

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE VD ☐ Change ☒ Addition  
NAME **GLAZER, DARCIE**  
STREET ADDRESS **270 COMMERCE DRIVE**  
CITY-ST-ZIP **ROCHESTER NEW YORK 14623**

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

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

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

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

TITLE ☐ Change ☐ 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

7/19/2004

Date

585 3543000

Daytime Phone #