

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004593

1. Entity Name

GLIMCHER PROPERTIES CORPORATION

Principal Place of Business

20 S. THIRD ST
COLUMBUS OH 43215
US

Mailing Address

20 S. THIRD ST
COLUMBUS OH 43215-4206
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1393472

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 S. PINE ISLAND RD.
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GEE, GORDON
CITY-ST-ZIP OFFICE OF THE PRESIDENT-BROWN UNIVERSITY
PROVIDENCE RI 02912-1860

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BARACH, PHILIP
CITY-ST-ZIP 9403 KENWOOD DR, STE D-100
CINCINNATI OH 45242

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

TITLE ☐ Delete
NAME PCEO
STREET ADDRESS GLIMCHER, HERBERT
CITY-ST-ZIP 10 N DREXEL AVENUE
COLUMBUS OH 43209

TITLE ☒ Change ☐ Addition
NAME CEO
STREET ADDRESS GUMCHER, HERBERT
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS HARMANIS, GEORGE M
CITY-ST-ZIP 3640 BOATHOUSE DRIVE
HILLIARD OH 43026

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

TITLE ☐ Delete
NAME VCFO
STREET ADDRESS CORNELLY, WILLIAM G
CITY-ST-ZIP 215 WOODEDGE CIRCLE WEST
POWELL OH 43065

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WEINBERG, HARVEY
CITY-ST-ZIP 164 TIMBER LANE
GLENCOE IL 60022

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GEORGE M. HARMANIS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UP/CONTROLLER 4/27/00 614-621-9000

Date

Daytime Phone #

CR2E034 (9/99)