## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P93000078687** May 01, 2000 8:00 am Secretary of State PARKER-RALEIGH DEVELOPMENT XXI, INC. 05-01-2000 90431 046 \*\*\*150.00 Principal Place of Business Mailing Address 201 NORTH FRANKLIN ST. 201 NORTH FRANKLIN ST. **SUITE 2100 SUITE 2100 TAMPA FL 33602** TAMPA FL 33602-5167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FEI Number 59-1852939 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDWARDS, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 201 NORTH FRANKLIN ST. **SUITE 2100 TAMPA FL 33602** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE TITLE ☐ Delete PARKER, JACK NAME NAME STREET ADDRESS STREET ADDRESS 118 W. 57TH ST. CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Addition Delete TITLE TITLE GLICK, ADAM NAME NAME STREET ADDRESS STREET ADDRESS 118 N 57TH STREET CITY-ST-ZIP CITY-ST-ZIP NY NY ☐ Change ☐ Addition **VPAS** TITLE ☐ Delete TITLE MITCHELL, STEPHEN J NAME NAME STREET ADDRESS 201 N FLANKLIN STREET SUITE 2100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition VAS Change TITLE ☐ Delete TITLE BRADY, DAVID NAME NAME 5500-103 ATLANTIC SPRINGS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 narrie appears in Block 11 or Block 12 if changed, or on an attachment with an addresse, with all of fer like empowered. Adam Glick

SIGNATURE:

ย์น์ย SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 212-333-3353x204