2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P94000023443** 1. Entity Name PARKER-RALEIGH DEVELOPMENT XXIV, INC. 05-01-2000 90431 039 ***150.00 Mailing Address Principal Place of Business 201 N. FRANKLIN ST. 201 N. FRANKLIN ST. SLITTE 2100 **SUITE 2100** TAMPA FL 33602-5167 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 59-3239439 Not Applicable Country \$8.75 Additional Zip Country 5 Certificate of Status Desired П 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 N. FRANKLIN ST. **SUITE 2100 TAMPA FL 33602** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition **PSD** ☐ Delete TITLE TITLE GLICK, ADAM NAME NAME STREET ADDRESS STREET ADDRESS 118 W. 57TH ST. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Addition Defete TITLE TITLE NAME PARKER, JACK NAME STREET ADDRESS STREET ADDRESS **118 W 57TH STREET** CITY-ST-ZIP CITY-ST-ZIP NY NY ☐ Change ☐ Addition VAS ☐ Delete TITLE TITLE MITCHELL, STEPHEN J. NAME NAME STREET ADDRESS STREET ADDRESS 201 N FRANKLIN STREET SUITE 2100 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE VAS BRADY, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 5500-103 ATLANTIC SPRINGS RD CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 accordate 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 of the corporation or the receiver of the corporation of the corporation of the corporation of the receiver of the

SIGNATURE:

Adam Glick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

212-333-3353x204

Daytime Phone #