## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000027699** May 01, 2000 8:00 am Secretary of State PARKER-RALEIGH DEVELOPMENT XXV, INC. 05-01-2000 90431 038 \*\*\*150.00 Principal Place of Business Mailing Address 201 N. FRANKLIN ST. 201 N. FRANKLIN ST. **SUITE 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 Applied For City & State City & State 4. FEI Number 59-3239436 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARDS, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 201 N. 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Change ☐ Addition TITI F ☐ Delete TITLE GLICK, ADAM NAME NAME STREET ADDRESS 118 W. 57TH ST. STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition Delete TITLE TITLE PARKER, WACK NAME NAME 118 W 57TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NY NY CITY-ST-ZIP ☐ Change VAS ☐ Addition ☐ Delete TITLE MITCHELL, STEPHEN J. NAME 201 N FRANKLIN STREET SUITE 2100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ■ Addition Delete TITLE TITLE BRADY, DAVID NAME NAME 5500-103 ATLANTIC SPRINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RALEIGH NC ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 13. I hereby certify that the information supplied with this filling does not gualify 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 trusting 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.

Adam Glick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

212-333-3353x204

Daytime Phone #