## . 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 20, 2002 8:00 am Secretary of State DOCUMENT # P94000027699 05-20-2002 90101 018 \*\*\*150 00 PARKER-RALEIGH DEVELOPMENT XXV. INC. Principal Place of Business Mailing Address 201 N. FRANKLIN ST. 201 N. FRANKLIN ST. **SUITE 2100 SUITE 2100** TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address ٠,٠, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3239436 Not Applicable Zip Country -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST. **SUITE 2100 TAMPA FL 33602** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. CR2E034 (9/01) TITLE PSD ☐ Defete TITLE ☐ Addition NAME GLICK, ADAM NAME 118 W. 57TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VT PARKER, JACK NAME STREET ADDRESS 118 W 57TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NY NY □.Delete TITLE \_\_. TITLE ☐ Change. — ☐ Addition VAS NAME NAME MITCHELL, STEPHEN J. STREET ADDRESS STREET ADDRESS 201 N FRANKLIN STREET SUITE 2100 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME BRADY, DAVID NAME STREET ADDRESS STREET ADDRESS 5500-103 ATLANTIC SPRINGS RD CiTY-ST-ZIP RALEIGH NC CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

Daytime Phone #