

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18786

1. Entity Name

PARKER-RALEIGH DEVELOPMENT I, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90431 045 \*\*\*150.00

Principal Place of Business

Mailing Address

201 N. FRANKLIN STREET  
 SUITE 2100  
 TAMPA FL 33602-5121

201 N. FRANKLIN STREET  
 SUITE 2100  
 TAMPA FL 33602-5167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3049781

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MITCHELL, STEPHEN J.  
 210 N. FRANKLIN STREET, SUITE 2100  
 SUITE 2100  
 TAMPA FL 33602

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 VT ☐ Delete  
 NAME PARKER, JACK  
 STREET ADDRESS 118 W. 57TH STREET  
 CITY-ST-ZIP NEW YORK NY

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

TITLE VAS ☐ Delete  
 NAME MITCHELL, STEPHEN J.  
 STREET ADDRESS 201 N FRANKLIN ST, #2100  
 CITY-ST-ZIP TAMPA FL

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

TITLE VAS ☐ Delete  
 NAME BRADY, DAVID  
 STREET ADDRESS 5500-103 ATLANTIC SPRINGS RD  
 CITY-ST-ZIP RALEIGH NC

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

TITLE PSD ☐ Delete  
 NAME GLICK, ADAM  
 STREET ADDRESS 118 W. 57TH STREET  
 CITY-ST-ZIP NEW YORK NY

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

TITLE AVP ☐ Delete  
 NAME GORDON, JULIUS  
 STREET ADDRESS 118 W. 57TH STREET  
 CITY-ST-ZIP NEW YORK NY

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam Glick

4/18/00

Date

212-333-3353x204

Daytime Phone #

CR2E034 (9/99)