

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S18786**

1. Entity Name

PARKER-RALEIGH DEVELOPMENT I, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90081 041 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3049781**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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: Reg stored 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> Delete
NAME	PARKER, JACK	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	VAS	<input type="checkbox"/> Delete
NAME	MITCHELL, STEPHEN J.	
STREET ADDRESS	201 N FRANKLIN ST, #2100	
CITY-ST-ZIP	TAMPA FL	

TITLE	VAS	<input type="checkbox"/> Delete
NAME	BRADY, DAVID	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD	
CITY-ST-ZIP	RALEIGH NC	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GLICK, ADAM	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	AVP	<input type="checkbox"/> Delete
NAME	GORDON, JULIUS	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)