

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0451732 AV

DOCUMENT # S18786

1. Entity Name
PARKER-RALEIGH DEVELOPMENT I, INC.



FILED

03 APR 21 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3049781

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME 300016330043
STREET ADDRESS 04/18/03--01067--009 **676.25
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Stephen J. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

Daytime Phone #

CR2E034 (10/02)