2001, UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # \$18837** PARKER-RALEIGH DEVELOPMENT IX, INC. 04-26-2001 90081 040 ***150.00 Principal Place of Business Mailing Address 201 N. Franklin Street 201 N. FRANKLIN STREET **SUITE 2100 SUITE 2100** TAMPA FL 33602-5121 TAMPA FL 33602-5121 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3049769 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITHCELL, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET, SUITE 2100 **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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/00) Change PARKER, JACK NAME STREET ADDRESS 118 W. 57TH STREET STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** C:TY-ST-ZIP TITLE Delete TIT: F Change ☐ Addition MITCHELL, STEPHEN J. NAME 210 N FRANKLIN ST, #2100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete 1111.5 ☐ Change Addition PARKER, NORMA NAME 118 W. 57TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP VAS TITLE Delete TITLE Change ☐ Addition BRADY, DAVID NAME NAME 5500-103 ATLANTIC SPRINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RALEIGH NC CITY-ST-ZIP TITLE ☐ Delete THE Change Addition GORDON, JULIUS NAME NAME 118 W. 57TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CHY-ST-7IP PSD TITLE ☐ Delete T!TLE ☐ Change Addition GLICK, ADAM NAME NAME STREET ADDRESS 118 W. 57TH STREET STREET ADDRESS **NEW YORK NY** 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.

FILED

Daytime Phone #