

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90117 017 \*\*\*150.00

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**DOCUMENT # S31546**

1. Entity Name

**PARKER-LINCOLN COMMERCIAL REALTY, INC.**



Principal Place of Business

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

Mailing Address

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

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 **59-3050029**

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.  
201 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

Signature, typed or printed name of registered agent and title if applicable.

(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	VPT	<input type="checkbox"/> Delete
NAME	PARKER, JACK	
STREET ADDRESS	118 W. 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	GLICK, ADAM	
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	V	<input type="checkbox"/> Delete
NAME	BRADY, DAVID	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	URBEN, DAVID A.	
STREET ADDRESS	5500-103 ATLANTIC SPRINGS RD.	
CITY-ST-ZIP	RALEIGH NC	
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"/> 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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

Daytime Phone #

CR2E034 (10/02)