

2000 UNIFORM BUSINESS REPORT (UBR)

0000795

DOCUMENT # F97000000547

1. Entity Name

CHANCELLOR OF STUART, INC.

FILED

00 MAY -4 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

197 FIRST AVE.
NEEDHAM MA 02194

197 FIRST AVE.
NEEDHAM MA 02494-2812

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

04-3348475

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD ☐ Delete
NAME GOSMAN, ABRAHAM D
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194

TITLE ☐ Change ☐ Addition
NAME 300003273753--5
STREET ADDRESS -06/01/00--01065--002
CITY-ST-ZIP ***2250.00 ****150.00

TITLE VT ☒ Delete
NAME LEATHERS, FREDERICK R
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02494

TITLE VT ☐ Change ☒ Addition
NAME Jeffrey A Benson
STREET ADDRESS CareMatrix
CITY-ST-ZIP 197 First Avenue
Needham, MA 02494-2812

TITLE V ☒ Delete
NAME NETERVAL, JEFFREY P
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194

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

TITLE V ☒ Delete
NAME TAYLOR, PAUL
STREET ADDRESS 197 FIRST AVE.
CITY-ST-ZIP NEEDHAM MA 02194

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME LS
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

APR 20 2000

Date

781 433-0000
Daytime Phone #

CR2E034 (9/99)