## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 31, 2001 8:00 am **DOCUMENT # P34379** Secretary of State 1. Entity Name NEPSA PROPERTY INVESTORS, INC. 01-31-2001 90085 001 \*\*\*600.00 Principal Place of Business Mailing Address 380 UNION STREET 380 UNION STREET STE 300 STE 300 WEST SPRINGFIELD MA 01089 WEST SPRINGFIELD MA 01089 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 04-3095407 Not Applicable \$8.75 Additional Zip Country Country Zip $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Change ☐ Delete TITLE GRINSPOON, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 255 WESTERLY RD CITY-ST-ZIP CITY-ST-ZIP WELLESLEY MA 02193 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ANTHONY, FRED NAME NAME STREET ADDRESS STREET ADDRESS 150 ASHFORD ROAD CITY-ST-ZIP CITY-ST-ZIP LONGMEADOW MA 01106 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRINSPOON, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 172 CRESTVIEW CIR CITY-ST-ZIP CITY-ST-ZIP LONGMEADOW MA ☐ Change ☐ Addition TITLE ☐ Delete TITLE GABERMAN, RICHARD M. NAME NAME STREET ADDRESS STREET ADDRESS 217 ARDSLEY ROAD CITY-ST-ZIP CITY-ST-ZIP LONGMEADOW MA ☐ Change ☐ Addition ☐ Delete TITLE PAVA, JEREMY NAME **40 RIVERVIEW TERRACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P SPRINGFIELD MA Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 OF

(17/01 (413))81-0734X322
Daytime Phone #