

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F93000000983**1. Entity Name  
**GATEHOUSE DEVELOPMENT CORP.**

Principal Place of Business	Mailing Address
313 CONGRESS STREET	313 CONGRESS STREET
C/O GATEHOUSE GROUP	C/O GATEHOUSE GROUP
BOSTON MA	BOSTON MA
02210	02210

2. Principal Place of Business	3. Mailing Address
120 FORBES BLVD.	120 FORBES BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
MANSFIELD MA	MANSFIELD MA

Zip	Country	Zip	Country
02048	US	02048	US

4. FEI Number	Applied For
<b>04-3182205</b>	Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MCDONOUGH BRIAN**  
**MUSEUM TOWER, 150 W. FLAGLER ST STE 2200**  
**C/O STEARNS WEAVER MILLER**  
**MIAMI FL**  
**33130 US****7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 \_\_\_\_\_ **01/09/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE	AST	<input type="checkbox"/> Delete
NAME	<b>MCVORY JENNIFER</b>	
STREET ADDRESS	<b>313 CONGRESS STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>SPETKO MICHAEL</b>	
STREET ADDRESS	<b>600 BRICKELL AVE # 603</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	ASC	<input type="checkbox"/> Delete
NAME	<b>HAMPTON SARITA</b>	
STREET ADDRESS	<b>313 CONGRESS STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>HARRISON DEAN</b>	
STREET ADDRESS	<b>313 CONGRESS ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	<b>CANEPARI DAVID J</b>	
STREET ADDRESS	<b>313 CONGRESS ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	
TITLE	PC	<input type="checkbox"/> Delete
NAME	<b>PLONSKIER MARC S</b>	
STREET ADDRESS	<b>313 CONGRESS ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YORKSHAITIS ROGER</b>	
STREET ADDRESS	<b>120 FORBES BLVD.</b>	
CITY-ST-ZIP	<b>MANSFIELD MA 02048</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMPTON SARITA</b>	
STREET ADDRESS	<b>120 FORBES BLVD.</b>	
CITY-ST-ZIP	<b>MANSFIELD MA 02048</b>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRISON DEAN</b>	
STREET ADDRESS	<b>120 FORBES BLVD.</b>	
CITY-ST-ZIP	<b>MANSFIELD MA 02048</b>	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANEPARI DAVID J</b>	
STREET ADDRESS	<b>120 FORBES BLVD.</b>	
CITY-ST-ZIP	<b>MANSFIELD MA 02048</b>	
TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLONSKIER MARC S</b>	
STREET ADDRESS	<b>120 FORBES BLVD.</b>	
CITY-ST-ZIP	<b>MANSFIELD MA 02048</b>	

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:** **Marc S. Plonskier****PC** **01/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)