

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0118127 AT

APPROVED  
AND  
FILED

DOCUMENT # F00000001480

1. Entity Name  
KESTREL MANAGEMENT CORP.



03 SEP -9 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
BULFINCH PLACE STE 500  
PO BOX 9507  
BOSTON MA 02114-9507

Mailing Address  
BULFINCH PLACE STE 500  
PO BOX 9507  
BOSTON MA 02114-9507



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-3715650  
Applied For  
Not Applicable

Zip Country Zip Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO ASHNER, MICHAEL 7 BULFINCH PLACE STE 500 PO BOX 9507 BOSTON MA 02114-9507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BRAVERMAN, PETER 7 BULFINCH PLACE STE 500 BOSTON MA 02114-9507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STALES, TOM 7 BULFINCH PLACE STE 500 PO BOX 9507 BOSTON MA 02114-9507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIFFANY, CAROLYN 7 BULFINCH PLACE STE 500 PO BOX 9507 BOSTON MA 02114-9507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, MARK 7 BULFINCH PLACE STE 500 PO BOX 9507 BOSTON MA 02114-9507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SWEENEY, LARA FIVE CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02142	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

500022883435  
09/09/03--01059--007 \*\*\$550.00

ASST Secretary  
Forrester, Allison  
7 Bulfinch Place Suite 500  
Boston, MA 02114

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 Required 8/26/03 516 822 0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)