

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90023 038 ***150.00

DOCUMENT # 491657

1. Entity Name
TOWERMARC REALTY, INC.

Principal Place of Business 550 N. REO STREET #300 TAMPA FL 33609	Mailing Address 260 FRANKLIN ST. #1840 BOSTON MA 02110-3115
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 260 Franklin St	3. Mailing Address
Suite, Apt. #, etc. #1840	Suite, Apt. #, etc.
City & State Boston MA	City & State
Zip 02110	Country

4. FEI Number 59-1632761	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSS, D. SCOTT		NAME	
STREET ADDRESS 260 FRANKLIN STREET		STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02110		CITY-ST-ZIP	
TITLE CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VINTIADIS, POLYVIOS C.		NAME	
STREET ADDRESS 2 PICKWICK PLAZA, 4TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP GREENWICH CT		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *D. Scott Ross* **D. Scott Ross** 3/9/00 617-939-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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