

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827186

1. Entity Name

MAGUIRE GROUP INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90162 045 ***150.00

Principal Place of Business

Mailing Address

FOXBOROUGH BLVD
FOXBOROUGH MA 02035

225 FOXBOROUGH BLVD
FOXBOROUGH MA 02035-2854

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 05-0318211

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

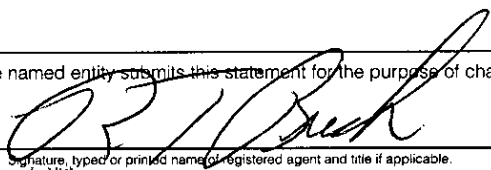
Street Address (P.O. Box Number is Not Acceptable)

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  2/18/00

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
NAME REPETA, RICHARD J.
STREET ADDRESS 40 OAK BLUFF
CITY-ST-ZIP AVON CT ☐ Delete

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

TITLE S
NAME COFFEY, JOHN G, SR
STREET ADDRESS 225 FOXBOROUGH BOULEVARD
CITY-ST-ZIP FOXBOROUGH MA 02035 ☒ Delete

TITLE VP - Acting Secretary
NAME Sherrill Papalia
STREET ADDRESS 225 Foxborough Blvd.
CITY-ST-ZIP Foxborough, MA 02035 ☐ Change ☒ Addition

TITLE VD
NAME FRITZ, JAMS B.
STREET ADDRESS 39 CARRIER CT
CITY-ST-ZIP SOUTHTON CT ☐ Delete

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

TITLE T
NAME BUSH, RAYMOND T.
STREET ADDRESS 3 HAYFIELD LANE
CITY-ST-ZIP CUMBERLAND RI ☐ Delete

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

TITLE VD
NAME CALABRETTA, VICTOR V
STREET ADDRESS 11 AMERICA WAY
CITY-ST-ZIP JAMESTOWN RI ☐ Delete

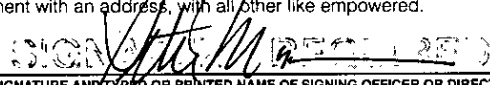
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME MORRISON, PETER
STREET ADDRESS 94 MEETING ST
CITY-ST-ZIP PROVIDENCE RI ☐ Delete

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

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

2/18/00

Date

(508) 543-1700

Daytime Phone #

CR2E034 (9/99)