

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840936

1. Entity Name

THE STUBBINS ASSOCIATES, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90016 039 \*\*\*150.00

Principal Place of Business

Mailing Address

1033 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02138

1033 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02138-5319

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

04-2227079

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

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 VD ☐ Delete  
NAME C. OSTBERG, RONALD  
STREET ADDRESS 41 WARREN AVE.  
CITY-ST-ZIP HARVARD MA

TITLE VD ☐ Change ☒ Addition  
NAME Peter Blewett  
STREET ADDRESS 266 Perkins Row  
CITY-ST-ZIP Topsfield, MA

TITLE VT ☐ Delete  
NAME GATES, JOSEPH  
STREET ADDRESS 870 HURLCROFT ROAD  
CITY-ST-ZIP MILTON MA

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

TITLE D ☐ Delete  
NAME SIMPSON, SCOTT  
STREET ADDRESS 480 RUTLAND ROAD  
CITY-ST-ZIP CARLISLE MA

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

TITLE VD ☐ Delete  
NAME BEYER, JAMES E  
STREET ADDRESS ONE HERRICK ST  
CITY-ST-ZIP WINCHESTER MA

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

TITLE CD ☐ Delete  
NAME GREEN, RICHARD  
STREET ADDRESS 22 OAK ST.  
CITY-ST-ZIP MARBLEHEAD MA

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

TITLE PD ☐ Delete  
NAME HAMNER, W. EASLEY  
STREET ADDRESS 3 ELLERY SQ.  
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 the signature of all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22.00

617-250-4810

CR2E034 (9/99)