

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841166

1. Entity Name

SAVID REALTY CORPORATION

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90096 007 ***150.00

Principal Place of Business

Mailing Address

% NORTHSTAR PRESIDIO MGMT. CO. LLC
411 W. PUTNAM AVENUE, SUITE 270
GREENWICH CT 06830

% NORTHSTAR PRESIDIO MGMT. CO. LLC
411 W. PUTNAM AVENUE, SUITE 270
GREENWICH CT 06830-6261



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5 Cambridge Ctr.
9th Fl
Cambridge, MA
02142 USA

Capital Corp, 5 Cambridge Ctr.
9th Fl
Cambridge, MA
02142 USA

4. FEI Number 13-2954663

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SABELLA, RICHARD 411 W. PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF SCHACHTER, LAWRENCE B 411 W. PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVGC ROTHSCHILD, ALLAN B 411 W. PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS REARDON, KEVIN 411 W. PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Michael Ashner Five Cambridge Ctr, 9th Fl Cambridge, MA 02142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Peter Brauerman Five Cambridge Ctr, 9th Fl Cambridge, MA 02142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTreasurer/Secretary Carolyn Liffand Five Cambridge Center, 9th Fl Cambridge, MA 02142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary Allison Forrester Five Cambridge Ctr, 9th Fl Cambridge, MA 02142	<input type="checkbox"/> Change <input checked="" 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

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

Date

Daytime Phone #

CR2E034 (9/99)