

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000003329

1. Entity Name
BOSTONCOACH FLORIDA CORP.



Principal Place of Business
82 DEVONSHIRE STREET
BOSTON MA 02109

Mailing Address
82 DEVONSHIRE STREET
BOSTON MA 02109

03-APR-15 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
82 Devonshire Street

3. Mailing Address
82 Devonshire Street

Suite, Apt. #, etc.
F7B

Suite, Apt. #, etc.
F7B

City & State
Boston, MA

City & State
Boston, MA

4. FEI Number
01-0722453

Applied For
Not Applicable

Zip
02109

Country
USA

Zip
02109

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOKE, RUSSELL 82 DEVONSHIRE STREET BOSTON MA 02109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHENS, TODD J 82 DEVONSHIRE STREET BOSTON MA 02109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / Clerk FREEDMAN, JAY 82 DEVONSHIRE STREET BOSTON MA 02109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOX, MICHAEL B 82 DEVONSHIRE STREET BOSTON MA 02109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKIN, STEVEN P 82 DEVONSHIRE STREET BOSTON MA 02109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, MICHAEL R 82 DEVONSHIRE STREET BOSTON MA 02109	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div>000017340600</div> <div>04/30/03--01003--041 **150.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> <div>Chief Financial Officer</div> <div>Hilary A. Simons</div> <div>82 Devonshire Street</div> <div>Boston, MA 02109</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> <div>Assistant Clerk</div> <div>Susan Sturdy</div> <div>82 Devonshire Street</div> <div>Boston, MA 02109</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> <div>Assistant Treasurer</div> <div>J. Gregory Wass</div> <div>82 Devonshire Street</div> <div>Boston, MA 02109</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> <div>Director</div> <div>Laurel M. Watts</div> <div>82 Devonshire Street</div> <div>Boston, MA 02109</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div></div> <div></div> <div></div> <div></div>

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 Jay Freedman; Clerk/Secretary

April 3, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/01/11 12:53:50

0613835 AT