

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005731

1. Entity Name

EASTRICH NO. 140 CORPORATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90013 035 ***150.00

Principal Place of Business

Mailing Address

C/O ALDRICH, EASTMAN & WALTCH, L.P.
225 FRANKLIN STREET
BOSTON MA 02110

C/O ALDRICH, EASTMAN & WALTCH, L.P.
225 FRANKLIN STREET
BOSTON MA 02110-2804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3218185

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C-T CORPORATION SYSTEM
1200 SOUTH 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 DVPC ☐ Delete
NAME MONAHAN, J G
STREET ADDRESS 68 SNAKEHILL ROAD
CITY-ST-ZIP BELMONT MA

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

TITLE VD ☐ Delete
NAME ALBERT, THOMAS K
STREET ADDRESS 176 OCEAN ST.
CITY-ST-ZIP LYNN MA 02178

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

TITLE PD ☐ Delete
NAME GIFFORD, ROBERT G
STREET ADDRESS 41 OXFORD ROAD
CITY-ST-ZIP NEWTON CENTER MA

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

TITLE T ☐ Delete
NAME LAGERLUND, KARIN
STREET ADDRESS 225 FRANKLIN ST.
CITY-ST-ZIP BOSTON MA

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

TITLE AT ☐ Delete
NAME BIEBUSCH, DOREEN M
STREET ADDRESS 75 FOUNDRY ST #35
CITY-ST-ZIP S EASTON MA

TITLE ☒ Change ☐ Addition
NAME AT
STREET ADDRESS LINDA MAGEE
CITY-ST-ZIP 66 Bradford Street
Salem, MA 01970

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

[Signature] SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

Daytime Phone #

CR2E034 (9/99)