

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005308

1. Entity Name

CORCORAN JACKSONVILLE, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90017 002 ***150.00

Principal Place of Business

Mailing Address

100 GRANDVIEW RD
BRAINTREE MA 02184

100 GRANDVIEW RD
BRAINTREE MA 02184-2686

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.
Suite 207

City & State

City & State

4. FEI Number

04-3266443

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIGH, RICHARD J	
STREET ADDRESS	212 BOLTON ROAD	
CITY-ST-ZIP	HARVARD MA 01451	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MURPHY, LAWRENCE J	
STREET ADDRESS	21 HERITAGE ROAD	
CITY-ST-ZIP	QUINCY MA 02169	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORCORAN, JOHN M	
STREET ADDRESS	90 CHURCH HILLS LANE	
CITY-ST-ZIP	MILTON MA 02186	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORCORAN, P. LEO	
STREET ADDRESS	100 GRANDVIEW ROAD	
CITY-ST-ZIP	BRAINTREE MA 02184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, RICHARD J.	
STREET ADDRESS	212 BOLTON ROAD	
CITY-ST-ZIP	HARVARD, MA 01451	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN M. CORCORAN	
STREET ADDRESS	100 GRANDVIEW ROAD	
CITY-ST-ZIP	BRAINTREE, MA 02184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lawrence J. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE J. MURPHY, TREASURER/SECRETARY

2/8/00
Date

781-849-0011
Daytime Phone #

CR2E034 (9/99)