

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000900

1. Entity Name

EQUITY UNION, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90173 001 ***600.00

5643



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

380 UNION STREET
STE 300
WEST SPRINGFIELD MA 01089

380 UNION STREET
STE 300
WEST SPRINGFIELD MA 01089-4123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3303945

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 PD
NAME GRINSPOON, HAROLD
STREET ADDRESS 172 CRESTVIEW CIRCLE
CITY-ST-ZIP LONGMEADOW MA 01106 ☐ Delete

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

TITLE VD
NAME ANTHONY, FRED
STREET ADDRESS 150 ASHFORD ROAD
CITY-ST-ZIP LONGMEADOW MA 01106 ☐ Delete

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

TITLE SC
NAME GABERMAN, RICHARD M
STREET ADDRESS 217 ARDSLEY ROAD
CITY-ST-ZIP LONGMEADOW MA 01106 ☐ Delete

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

TITLE TD
NAME PAVA, JEREMY
STREET ADDRESS 40 RIVERVIEW TERRACE
CITY-ST-ZIP SPRINGFIELD MA 01108 ☐ Delete

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

TITLE D
NAME PACKER, COREEN M
STREET ADDRESS 6 LONGFELLOW DRIVE
CITY-ST-ZIP WESTBOROUGH MA 01581 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/14/19/99

Jeremy Pava
Jeremy Pava

2/2/00 (413) 781-0734 x322