

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90529 025 \*\*\*150.00

**DOCUMENT # F96000000900**

1. Entity Name  
**EQUITY UNION, INC.**



Principal Place of Business  
**380 UNION STREET  
STE 300  
WEST SPRINGFIELD MA 01089**

Mailing Address  
**380 UNION STREET  
STE 300  
WEST SPRINGFIELD MA 01089**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3303945**

Applied For  
Not Applicable

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: ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRINSPOON, HAROLD	
STREET ADDRESS	172 CRESTVIEW CIRCLE	
CITY-ST-ZIP	LONGMEADOW MA 01106	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANTHONY, FRED	
STREET ADDRESS	150 ASHFORD ROAD	
CITY-ST-ZIP	LONGMEADOW MA 01106	
TITLE	SC	<input type="checkbox"/> Delete
NAME	GABERMAN, RICHARD M	
STREET ADDRESS	217 ARDSLEY ROAD	
CITY-ST-ZIP	LONGMEADOW MA 01106	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAVA, JEREMY	
STREET ADDRESS	40 RIVERVIEW TERRACE 258 Washington Blvd	
CITY-ST-ZIP	SPRINGFIELD MA 01108 Springfield, MA 01108	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACKER, COREEN M	
STREET ADDRESS	6 LONGFELLOW DRIVE	
CITY-ST-ZIP	WESTBOROUGH MA 01581	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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** *Jeremy Pava*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/03*

Date

*(413) 781-0712*

Daytime Phone #

CR2E034 (10/02)