

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000790

DOCUMENT # F96000005727

1. Entity Name

CHANCELLOR OF ABERDEEN, INC.

FILED

00 MAY -4 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

197 FIRST AVE.  
NEEDHAM MA 02194

197 FIRST AVE.  
NEEDHAM MA 02494-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3339433

Applied For

Not Applicable

Zip

Country

Zip

Country

02494

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 GOSMAN, ABRAHAM D  
STREET ADDRESS 197 FIRST AVE.  
CITY-ST-ZIP NEEDHAM MA 02494 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003273748--0  
-06/01/00--01065--002  
\*\*\*2250.00 \*\*\*\*150.00  
☐ Change ☐ Addition

TITLE VAS  
NAME NETERVAL, JEFFREY  
STREET ADDRESS 197 FIRST AVE  
CITY-ST-ZIP NEEDHAM MA 02494 ☒ Delete

TITLE JV  
NAME Jeffrey A Benson  
STREET ADDRESS 197 FIRST AVE  
CITY-ST-ZIP Needham, MA 02494  
☐ Change ☒ Addition

TITLE VT  
NAME LEATHERS, FREDERICK R  
STREET ADDRESS 197 FIRST AVE  
CITY-ST-ZIP NEEDHAM MA 02494 ☒ Delete

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

TITLE V  
NAME ZAYLOR, PAUL  
STREET ADDRESS 197 FIRST AVE  
CITY-ST-ZIP NEEDHAM MA 02494 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20 2000

781 435-1000

Date

Daytime Phone #

CR21:034 (9/99)