

FILED F97000001957

03 JUL 17 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000001957

1. Entity Name

ESSEX HAMMOCK TRAILS PARTNERS, INC.



DO NOT WRITE IN THIS SPACE

55051390

2. Principal Place of Business

c/o Northland Investment

Suite, Apt. #, etc.

2150 Washington St

City & State

Newton, MA

Zip

02462

Country

USA

3. Mailing Address

c/o Northland Investment

Suite, Apt. #, etc.

2150 Washington St

City & State

Newton, MA

Zip

02462

Country

USA

4. FEI Number

04-3361211

Applied Fee

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Prentice-Hall Corporation Systems Inc.
Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St

City Tallahassee

FL

Zip Code 32301

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Chairman
Lawrence R. Gottesdiener
1250 Washington St
Newton, MA 02462

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
800017914278
05/02/03--01108--002 ***4042.50

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President/Treasurer
Robert S. Gatof
1250 Washington St
Newton, MA 02462

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Secretary
Steven P. Rosenthal
One Financial Center
Boston, MA 02111

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Director
Lawrence R. Gottesdiener
1250 Washington St
Newton, MA 02462

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP
Director
Robert S. Gatof
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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing is true and correct, 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 individual making application to prepare this report as required by Chapter 689, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, which is not the same as the one on file.

SIGNATURE: BY:

Robert S. Gatof, President

617.965.7100

CR20349 (12/02)