

2000 UNIFORM BUSINESS REPORT (UBR)

0000779

DOCUMENT # F97000003890

1. Entity Name

CHANCELLOR OF LAUDERHILL I, INC.

FILED

00 MAY -4 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
197 FIRST AVENUE
NEEDHAM MA 02194

Mailing Address
197 FIRST AVENUE
NEEDHAM MA 02494-2812

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3380821

Applied For
Not Applicable

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

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

600003273766--4
-06/01/00--01065--002
***2250.00 ***150.00

TITLE VS
NAME CLARY, JAMES M III
STREET ADDRESS 197 FIRST AVENUE
CITY-ST-ZIP NEEDHAM MA 02194 ☒ Delete

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

VI T
Jeffrey A Benson
CareMatrix
197 First Avenue
Needham, MA 02494-2812

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

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

TITLE VS
NAME NETERVAL, JEFFREY P
STREET ADDRESS 197 FIRST AVENUE
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

LS

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.

APR 20 2000

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

781 4331000

CR2E034 (9/99)