


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90049 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000004305**

1. Corporation Name

CHANCELLOR OF UNIVERSITY COMMONS, INC.

Principal Place of Business

Mailing Address

197 FIRST AVENUE  
NEEDHAM MA 02194

197 FIRST AVENUE  
NEEDHAM MA 02194



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

APPLIED FOR 04-3428306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	GOSMAN, ABRAHAM D	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	CLARY, JAMES M III	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LEATHERS, FREDERICK R	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZAYLOR, PAUL	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CURRIE, DAVID B	
STREET ADDRESS	197 FIRST AVENUE	
CITY-ST-ZIP	NEEDHAM MA 02194	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	02194
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VS JEFFREY P. NEERVAL
2.3 STREET ADDRESS	197 FIRST AVENUE
2.4 CITY-ST-ZIP	NEEDHAM, MA 02194
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	02194
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	02194
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	02194
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (11/98)