

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005396

1. Entity Name

WINDSOR AT QUIET WATERS INVESTORS CORPORATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90336 028 \*\*\*150.00

Principal Place of Business	Mailing Address
% GENERAL INVESTMENT & DEVELOPMENT CO. 600 ATLANTIC AVENUE, SUITE 2000 BOSTON MA 02210	% GENERAL INVESTMENT & DEVELOPMENT CO. 600 ATLANTIC AVENUE, SUITE 2000 BOSTON MA 02210-2222

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0866239	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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)	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, ROBERT E	NAME	
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STUART R	NAME	
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, SEAN P	NAME	
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, WILLIAM H	NAME	
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTSLEEVE, CATHERINE F	NAME	
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, W. G	NAME	
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	CITY-ST-ZIP	

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:	DATE: 4/25/00	DAYTIME PHONE #: 617-973-9680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)