

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005397

1. Entity Name

WINDSOR AT CAROLINA INVESTORS CORPORATION

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

05-18-2000 90336 031 \*\*\*150.00

Principal Place of Business	Mailing Address
GENERAL INVESTMENT & DEVELOPMENT CO. ATLANTIC AVENUE, SUITE 600 MA 02210	% GENERAL INVESTMENT & DEVELOPMENT CO. 600 ATLANTIC AVENUE, SUITE 600 BOSTON MA 02210-2211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0866238

Applied For

Not Applicable

Zip

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

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) ☐

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DEWITT, ROBERT E	600 ATLANTIC AVENUE, SUITE 2000	BOSTON MA 02210	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	VD			<input type="checkbox"/> Delete
	JOHNSON, STUART R	600 ATLANTIC AVENUE, SUITE 2000	BOSTON MA 02210	

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		

	V			<input type="checkbox"/> Delete
	HENRY, SEAN P	600 ATLANTIC AVENUE, SUITE 2000	BOSTON MA 02210	

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		

	V			<input type="checkbox"/> Delete
	ROBERTS, WILLIAM H	600 ATLANTIC AVENUE, SUITE 2000	BOSTON MA 02210	

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		

	VAS			<input type="checkbox"/> Delete
	SHORTSLEEVE, CATHERINE F	600 ATLANTIC AVENUE, SUITE 2000	BOSTON MA 02210	

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		

	V			<input type="checkbox"/> Delete
	WALLACE, W. G	600 ATLANTIC AVENUE, SUITE 2000	BOSTON MA 02210	

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley B. Wyrwicz

Date

4/25/00

Daytime Phone #

617-973-9180

CR2E034 (9/99)