

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005452

1. Entity Name

GATEHOUSE MANAGEMENT, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90125 039 \*\*\*150.00

Principal Place of Business

Mailing Address

313 CONGRESS STREET  
 BOSTON MA 02210

313 CONGRESS STREET  
 BOSTON MA 02210-1218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3247041**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J  
 150 W. FLAGLER ST., SUITE 2200  
 MIAMI FL 33130

Name

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

*Op Stearns Weaver Miller*

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	
TITLE	PSCT <input type="checkbox"/> Delete
NAME	CANEPARI, DAVID J
STREET ADDRESS	515 OCEAN AVENUE
CITY-ST-ZIP	NEWPORT RI 02840
TITLE	EVCT <input type="checkbox"/> Delete
NAME	PLONSKIER, MARC S
STREET ADDRESS	200 HIGHLAND AVENUE
CITY-ST-ZIP	NEWTON MA 02165
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Jennifer McAvoy</i>
STREET ADDRESS	<i>313 Congress St.</i>
CITY-ST-ZIP	<i>BOSTON, MA 02210</i>
TITLE	ASC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>SARITA HAMPTON</i>
STREET ADDRESS	<i>313 Congress St.</i>
CITY-ST-ZIP	<i>BOSTON, MA 02210</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<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)(l), 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 REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marc S. Plonskier*

1-7-00

Date

(617) 345-9300

Daytime Phone #

CR2E034 (9/99)