

# 2001 UNIFORM BUSINESS REPORT (UBR)

0440508

DOCUMENT # F99000000520

1. Entity Name

ALANNA, INC.

FILED

01 APR -3 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

82 DEVONSHIRE STREET  
F7D  
BOSTON MA 02109

Mailing Address

82 DEVONSHIRE STREET  
F7D  
BOSTON MA 02109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3170226

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

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, 2001 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 CD  
NAME HILTON, TIMOTHY T  
STREET ADDRESS 82 DEVONSHIRE STREET  
CITY-ST-ZIP BOSTON MA 02109 ☐ Delete

TITLE Director  
NAME John J. Ramondi  
STREET ADDRESS 82 Devonshire Street, Boston, MA 02109 ☐ Change ☒ Addition

TITLE P  
NAME HILTON, TIMOTHY  
STREET ADDRESS 82 DEVONSHIRE STREET  
CITY-ST-ZIP BOSTON MA 02109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003993406--6  
-04/12/01--01018--016  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE T  
NAME FOX, MICHAEL B  
STREET ADDRESS 82 DEVONSHIRE STREET  
CITY-ST-ZIP BOSTON MA 02109 ☐ Delete

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

TITLE SC  
NAME FREEDMAN, JAY  
STREET ADDRESS 82 DEVONSHIRE STREET  
CITY-ST-ZIP BOSTON MA 02109 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Jay Freedman, Secretary

3/14/01

(617) 563-8515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)