

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Aug 08, 2000 8:00 am
Secretary of State

05-18-2000 90303 002 ***150.00

DOCUMENT # F99000003451

1. Entity Name

HERITAGE PROPERTY INVESTMENT TRUST, INC.

P

Principal Place of Business

Mailing Address

BOYLSTON STREET
MA 02116

535 BOYLSTON STREET
BOSTON MA 02116-3720

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

04-3474 810

Applied For

Not Applicable

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	PCD	<input type="checkbox"/> Delete
NAME	PRENDERGAST, THOMAS C	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRUEBLOOD, RICHARD L	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARRY, J. LEO	
STREET ADDRESS	24 CROSS STREET	
CITY-ST-ZIP	PLAINVILLE MA 02762	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	LAUGHTON, DAVID W	
STREET ADDRESS	265 MAPLE STREET	
CITY-ST-ZIP	MANCHESTER NH 03103	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASHMAN, GEORGE W	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN, WILLIAM M III	
STREET ADDRESS	1385 HANCOCK STREET	
CITY-ST-ZIP	QUINCY MA 02169	

TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY WIDETT	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	Boston MA 02116	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS C. ZICK	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	Boston MA 02116	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK O'SULLIVAN	
STREET ADDRESS	535 BOYLSTON STREET	
CITY-ST-ZIP	Boston MA 02116	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK E. ROBINSON	
STREET ADDRESS	150 FEDERAL STREET	
CITY-ST-ZIP	Boston MA 02110	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO J. BARRY	
STREET ADDRESS	24 CROSS STREET	
CITY-ST-ZIP	PLAINVILLE MA 02762	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID W. LAUGHTON	
STREET ADDRESS	265 MAPLE STREET	
CITY-ST-ZIP	MANCHESTER NH 03103	

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:

PATRICK O'SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

617-247-2200

Daytime Phone #

CR2E034 (9/99)