

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003569

1. Entity Name

HERITAGE REALTY MANAGEMENT, INC.

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

05-18-2000 90303 007 ***150.00

Principal Place of Business

Mailing Address

535 BOYLSTON STREET
 BOSTON 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

04-3474807

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

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 PCEO
 NAME PRENDERGAST, THOMAS C
 STREET ADDRESS 545 BOYLSTON STREET
 CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

TITLE Assistant Secretary
 NAME Gary Wickett
 STREET ADDRESS 535 Boylston St
 CITY-ST-ZIP Boston MA 02116 ☐ Change ☒ Addition

TITLE TRUEBLOOD, RICHARD L
 NAME TRUEBLOOD, RICHARD L
 STREET ADDRESS 535 BOYLSTON STREET
 CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

TITLE Assistant Secretary
 NAME Louis C. Zicht
 STREET ADDRESS 535 Boylston St
 CITY-ST-ZIP Boston MA 02116 ☐ Change ☒ Addition

TITLE S
 NAME BARRY, J. LEO
 STREET ADDRESS 24 CROSS STREET
 CITY-ST-ZIP MANCHESTER NH 03103 ☐ Delete

TITLE Assistant Treasurer
 NAME Patrick H. O'Sullivan
 STREET ADDRESS 535 Boylston St
 CITY-ST-ZIP Boston MA 02116 ☐ Change ☒ Addition

TITLE ASD
 NAME LAUGHTON, DAVID W
 STREET ADDRESS 265 MAPLE STREET
 CITY-ST-ZIP MANCHESTER NH 03103 ☐ Delete

TITLE Secretary
 NAME Mark E. Robinson
 STREET ADDRESS 150 Federal St.
 CITY-ST-ZIP Boston MA 02110 ☐ Change ☒ Addition

TITLE D
 NAME CASHMAN, GEORGE W
 STREET ADDRESS 544 MAIN STREET
 CITY-ST-ZIP BOSTON MA 02129 ☐ Delete

TITLE Director
 NAME Leo J. Barry
 STREET ADDRESS 24 Cross St
 CITY-ST-ZIP Plainville MA 02762 ☒ Change ☐ Addition

TITLE D
 NAME BARRY, J. LEO
 STREET ADDRESS 24 CROSS STREET
 CITY-ST-ZIP PLAINVILLE MA 02762 ☐ Delete

TITLE Director
 NAME David W. Laughton
 STREET ADDRESS 265 Maple Street
 CITY-ST-ZIP Manchester NH 03103 ☒ 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:

PATRICK H. 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)