

2000 UNIFORM BUSINESS REPORT (UBR)

000031

DOCUMENT # G41583

1. Entity Name

WESTFOUR, INC.

Principal Place of Business

Mailing Address

284 NEWBURY ST
BOSTON MA 02115
US

284 NEWBURY ST
BOSTON MA 02115-2801
US

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

04-2795814

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 ☐ Delete

D
NAME SARKIS, CHARLES F.
STREET ADDRESS 777 BOYLSTON STREET
CITY-ST-ZIP BOSTON MA 02116

TITLE ☐ Delete

P
NAME HARTZFELD, MARK L
STREET ADDRESS 777 BOYLSTON STREET
CITY-ST-ZIP BOSTON MA 02116

TITLE ☐ Delete

VSTD
NAME BISSAILLON, FRANCIS P.
STREET ADDRESS 16 BEACH ROAD
CITY-ST-ZIP WEST FALMOUTH MA 02574

TITLE ☐ Delete

V
NAME CIAMPA, ROBERT J
STREET ADDRESS 35 TRAVIS RD
CITY-ST-ZIP NATICK MA

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

287 Commonwealth Ave.
Boston, MA 02115

☒ Change ☐ Addition

☐ Change ☐ Addition

200003145262--4
-02/23/00--01099--022
*****150.00 *****150.00

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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

Date

Daytime Phone #

CR2E034 (9/99)

FILED

00 FEB 16 PM 6:19

SECRET
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

15