

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41583

1. Entity Name
WESTFOUR, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90078 025 ***150.00

Principal Place of Business Mailing Address
284 NEWBURY ST 284 NEWBURY ST
BOSTON MA 02115 BOSTON MA 02115
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	SARKIS, CHARLES F.	
STREET ADDRESS	287 COMMONWEALTH AVE.	
CITY-ST-ZIP	BOSTON MA 02115	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARTZFELD, MARK L	
STREET ADDRESS	777 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BISSAILLON, FRANCIS P.	
STREET ADDRESS	16 BEACH ROAD	
CITY-ST-ZIP	WEST FALMOUTH MA 02574	
TITLE	V	<input type="checkbox"/> Delete
NAME	CIAMPA, ROBERT J	
STREET ADDRESS	35 TRAVIS RD	
CITY-ST-ZIP	NATICK MA	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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

2/10/01 (617) 536-2800

Date

Daytime Phone #

CR2E034 (10/00)