

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90376 012 ***150.00

DOCUMENT # H51552

1. Entity Name
WAVERLY DEVELOPMENT CORPORATION

Principal Place of Business
365 5TH AVE SO
STE 201
NAPLES FL 34102
US

Mailing Address
365 5TH AVE SO
STE 201
NAPLES FL 34102
US

2. Principal Place of Business

3. Mailing Address **c/o David Nassif Co.**

195 Worcester Street

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.

City & State

City & State
Wellesley Hills, MA

4. FEI Number **59-2518538**

Applied For
 Not Applicable

Zip Country

Zip Country
02481 USA

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

ANTARAMIAN, JACK
365 5TH AVENUE SOUTH, STE #201
NAPLES FL 34102

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 **PTD** ☐ Delete
 NAME **ANTARAMIAN, JACK J.**
 STREET ADDRESS **365 5TH AVE,S, STE #201**
 CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **D** ☐ Delete
 NAME **LAPPEN, ELIOT**
 STREET ADDRESS **1087 BEACON STREET**
 CITY-ST-ZIP **NEWTON MA**

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

TITLE **VD** ☐ Delete
 NAME **NASSIF, DAVID E.**
 STREET ADDRESS **365 5TH AVE S, STE #201**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **195 Worcester Street-Suite 301**
 CITY-ST-ZIP **Wellesley Hills, MA 02481**

TITLE **S** ☐ Delete
 NAME **WEINSTEIN, ROBERT W**
 STREET ADDRESS **125 SUMMER ST**
 CITY-ST-ZIP **BOSTON MA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **DAVID E. NASSIF** *David E Nassif* 4-26-01 781-431-1030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)