

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91161 009 ***150.00

DOCUMENT # H51552

1. Entity Name

WAVERLY DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
365 Fifth Avenue South

3. Mailing Address c/o David Nassif Co.
195 Worcester Street

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 301

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Wellesley Hills, MA

4. FEI Number
59-2518538

Applied For
Not Applicable

Zip
34102

Country
USA

Zip
02481

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Antaramian, Jack J.

Street Address (P.O. Box Number is Not Acceptable)

365 5th Avenue South, Suite 201

City
Naples

FL

Zip Code
34102

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Antaramian, Jack J. 365 Fifth Avenue South, Suite 201 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lappen, Eliot 1087 Beacon Street Newton, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Nassif, David E. 195 Worcester Street, Suite 301 Wellesley Hills, MA 02481
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David E. Nassif*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 781-431-1030

Date

Daytime Phone #

David E. Nassif

CR2E034B (12/01)