

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

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

05-21-2002 91161 004 ***150.00

DOCUMENT # J70065
1. Entity Name
WAVERLY DEVELOPMENT/EAGLE CAY 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	
City & State Naples, FL		City & State Wellesley Hills, Ma	
Zip 34102	Country USA	Zip 02481	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2806373

Applied For
 Not Applicable

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 Fifth 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 _____ (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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lapen, Eliot 1087 Beacon Street Newton, MA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Nassif, David E. 195 Worcester Street, Suite 301 Wellesley Hills, MA 02481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David E. Nassif 4-25-02 781-431-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

David E. Nassif

CR2E034B (12/01)