

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000493

1. Entity Name

GHG CROSSINGS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:16

Principal Place of Business

C/O GATEHOUSE GROUP, INC.
313 CONGRESS STREET
BOSTON MA 02210

Mailing Address

C/O GATEHOUSE GROUP, INC.
313 CONGRESS STREET
BOSTON MA 02210-1218

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

04-3346722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN
MUSEUM TOWER, 150 W FLAGLER ST., STE 2200
MIAMI FL 33130

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR PLONSKIER, MARC S
STREET ADDRESS 313 CONGRESS STREET
CITY- ST- ZIP BOSTON MA 02210 ☐ Delete

TITLE NAME MGR CANEPARI, DAVID J
STREET ADDRESS 313 CONGRESS STREET
CITY- ST- ZIP BOSTON MA 02210 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10.

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-11-00 (617) 345-9300