

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000560 ✓

1. Entity Name

BOSTON CAPITAL FINANCE LLC

04-3464028

Principal Place of Business

ONE BOSTON PLACE, SUITE 2100
BOSTON MA 02108

Mailing Address -

ONE BOSTON PLACE, SUITE 2100
BOSTON MA 02108-4405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 BCF CORP. ☐ Delete
STREET ADDRESS 407 S. DIXIE HWY., SUITE 5
CITY- ST- ZIP LAKE WORTH FL 33460

TITLE NAME CHRISTOPHER W. COLLINS ☐ Delete
STREET ADDRESS ONE BOSTON PLACE
CITY- ST- ZIP BOSTON, MA 02108

TITLE NAME MEMBER ☐ Delete
STREET ADDRESS JOHN P. MANNING
CITY- ST- ZIP ONE BOSTON PLACE
BOSTON, MA 02108

TITLE NAME MEMBER ☐ Delete
STREET ADDRESS HERBERT F. COLLINS
CITY- ST- ZIP ONE BOSTON PLACE
BOSTON, MA 02108

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003182724-5
CITY- ST- ZIP -03/24/00--01047--011
*****50.00 *****50.00

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

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

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

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

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 #

FILED
00 MAR 13 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3464028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (9/99)

dcc

2/1/00 607-634-8900