

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02524

1. Entity Name

SEVENTH DUNKIN' DONUTS REALTY, INC.

Principal Place of Business

Mailing Address

PACELLA PARK DR.  
RANDOLPH MA 02368

PACELLA PARK DR.  
RANDOLPH MA 02368

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

Name

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, ROBERT M.	
STREET ADDRESS	4 CHADWICK ROAD	
CITY-ST-ZIP	WESTON MA	
TITLE	VPCT	<input type="checkbox"/> Delete
NAME	WILSON, JENNIE	
STREET ADDRESS	382 MOUNT BLUE STREET	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HANTMAN, LAWRENCE W.	
STREET ADDRESS	24 GREEN HILL ROAD	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	HARWOOD, PETER	
STREET ADDRESS	37 SURREY DRIVE	
CITY-ST-ZIP	COHASSET MA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SAWYER JR, ROBERT K	
STREET ADDRESS	58 INDIAN HILL RD	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN D SHAFER JR	
STREET ADDRESS	29 REYNOLDS WAY	
CITY-ST-ZIP	DUXBURY MA 02332	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Leech	
STREET ADDRESS	100 Pond Street	
CITY-ST-ZIP	Cohasset, MA 02025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000

Date

(781) 961-8020

Daytime Phone #

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90120 017 \*\*\*150.00

C0010484



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-2836203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent