

2000 UNIFORM BUSINESS REPORT (UBR)

0000032

DOCUMENT # P30543

1. Entity Name

BERKSHIRE MORTGAGE FINANCE CORPORATION

FILED

00 FEB 16 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

BEACON STREET, STE. 1500
DEPT.
MA 02108

ONE BEACON STREET, STE. 1500
TAX DEPT.
BOSTON MA 02108-3116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2985682

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS HALPERN, RONALD
CITY-ST-ZIP 52 JUNIPER ROAD
ANDOVER MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003170196--8
CITY-ST-ZIP -03/14/00--01132--008
****150.00 ****150.00

TITLE ☐ Delete
NAME V
STREET ADDRESS DONAHUE, PAUL
CITY-ST-ZIP ONE BEACON STREET, STE. 1500
BOSTON MA 02108

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

TITLE ☐ Delete
NAME S
STREET ADDRESS SPELFOGER, SCOTT D
CITY-ST-ZIP 27 SENTRY HILL RD
SHARON MA 02067

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

TITLE ☐ Delete
NAME AT
STREET ADDRESS UMANZIO, CLAIRE
CITY-ST-ZIP 44 CONCORD AVENUE
CAMBRIDGE MA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KRUPP, DOUGLAS
CITY-ST-ZIP 33 WACHUSETT ROAD
WELLESLEY MA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KRUPP, GEORGE
CITY-ST-ZIP 7 WOODCHESTER DRIVE
NEWTON MA

TITLE ☐ Change ☐ 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

Assistant Treasurer

FEB 10 2000

Date

Daytime Phone #

617-523-7722

CR2E034 (9/99)