

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0613798 AT

DOCUMENT # P32093

1. Entity Name  
KRUPP GP, INC.



FILED  
03 JAN 23 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
ONE BEACON STREET, STE. 1500  
TAX DEPT.  
BOSTON MA 02108

Mailing Address  
ONE BEACON STREET, STE. 1500  
TAX DEPT.  
BOSTON MA 02108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3097277

Applied For  
Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME APESECHE, FRANK  
STREET ADDRESS ONE BEACON STREET, STE. 1500  
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
960010422599  
01/22/03-0105-001 \*\*150.00

TITLE S  
NAME SPELFOGEL, SCOTT D  
STREET ADDRESS ONE BEACON STREET, STE. 1500  
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
~~01/22/03-0105-001 \*\*150.00~~

TITLE T  
NAME QUADE, DAVID  
STREET ADDRESS ONE BEACON STREET, STE. 1500  
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

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

TITLE D  
NAME KRUPP, DOUGLAS  
STREET ADDRESS ONE BEACON STREET, STE. 1500  
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

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

TITLE D  
NAME KRUPP, GEORGE  
STREET ADDRESS ONE BEACON STREET, STE. 1500  
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

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

TITLE AT  
NAME UMANZIO, CLAIRE  
STREET ADDRESS ONE BEACON STREET, STE. 1500  
CITY-ST-ZIP BOSTON MA 02108 ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Claire F Umanzio  
Asst. Treasurer

JAN 21 2003

607-523-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)