

2000 UNIFORM BUSINESS REPORT (UBR)

0570170

DOCUMENT # **P33522**

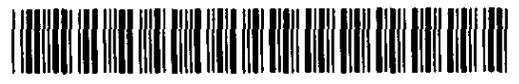
1. Entity Name
LRE PROPERTIES, INC.

FILED

00 APR 26 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **RIVERSIDE ROAD, LIBERTY HOSPITALITY, MA 02193**
Mailing Address: **13 RIVERSIDE ROAD, C/O LIBERTY HOSPITALITY, WESTON MA 02493-2249**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **600 Atlantic Avenue, Suite, Apt. #, etc.**
3. Mailing Address: **600 Atlantic Avenue, Suite, Apt. #, etc.**

City & State: **Boston, Massachusetts**
Zip: **02210-2214** Country: **USA**

4. FEI Number: **04-3101915**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
**CT CORPORATION SYSTEM
1200 S. 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: _____ (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: VT <input checked="" type="checkbox"/> Delete	NAME: KALLENDER, KAREN L STREET ADDRESS: 13 RIVERSIDE ROAD CITY-ST-ZIP: WESTON MA 02193
TITLE: PD <input type="checkbox"/> Delete	NAME: MARINELLA, SABINO STREET ADDRESS: 600 ATLANTIC AVENUE CITY-ST-ZIP: BOSTON MA 02210-2214
TITLE: VD <input type="checkbox"/> Delete	NAME: MCCARTHY, JOHN M STREET ADDRESS: 13 RIVERSIDE ROAD CITY-ST-ZIP: WESTON MA 02193
TITLE: SD <input type="checkbox"/> Delete	NAME: BENNING, JOHN A. STREET ADDRESS: 600 ATLANTIC AVE. CITY-ST-ZIP: BOSTON MA 02210-2214
TITLE: S <input type="checkbox"/> Delete	NAME: GILVAR, BARRY STREET ADDRESS: C/O LHG 13 RIVERSIDE ROAD CITY-ST-ZIP: WESTON MA 02193
TITLE: D <input type="checkbox"/> Delete	NAME: CONDRIN, PAUL J III STREET ADDRESS: C/O LHG 13 RIVERSIDE ROAD CITY-ST-ZIP: WESTON MA 02193

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: CHRISTOPHER C. MANSFIELD STREET ADDRESS: 175 BERKELEY STREET CITY-ST-ZIP: BOSTON, MASSACHUSETTS 02210-2214
TITLE: 000003246170-9 <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: -05/10/00-01016-009 CITY-ST-ZIP: ***150.00 ***150.00
TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MCCARTHY, JOHN M. STREET ADDRESS: 600 ATLANTIC AVENUE CITY-ST-ZIP: BOSTON, MASSACHUSETTS 02210-2214
TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: BENNING, JOHN A. STREET ADDRESS: 600 ATLANTIC AVENUE CITY-ST-ZIP: BOSTON, MASSACHUSETTS 02210-2214
TITLE: S <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: GILVAR, BARRY S. STREET ADDRESS: 175 BERKELEY STREET CITY-ST-ZIP: BOSTON, MA 02117
TITLE: D <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CONDRIN, PAUL J. III TS STREET ADDRESS: 175 BERKELEY STREET CITY-ST-ZIP: BOSTON, MA 02117

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: John M. McCarthy, Executive Vice President Date: 4/10/00 Daytime Phone #: 617 371 2256

CR2E034 (9/99)