

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33869

1. Entity Name

FORWARD FINANCIAL COMPANY

FILED

JAN 25 PM 4:26

Principal Place of Business

Mailing Address

360 CHURCH ST.,
NORTHBORO MA 01532

360 CHURCH ST.,
NORTHBORO MA 01532-1240

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-2590778

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

MURPHY, RONALD T
4740 CLEVELAND HEIGHTS BLVD.,
LAKELAND FL 33813

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

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 CST ☒ Delete
NAME DEFEUDIS, GENE J.
STREET ADDRESS 63 CHERRY ST.
CITY-ST-ZIP NORTHBORO MA 01532

TITLE D ☐ Change ☒ Add
NAME David F. Holland
STREET ADDRESS 360 Church Street
CITY-ST-ZIP Northboro, MA 01532

TITLE D ☐ Delete
NAME DEFEUDIS, GENE J.
STREET ADDRESS 63 CHERRY ST.
CITY-ST-ZIP NORTHBORO MA

TITLE ☐ Change ☐ Add
NAME 400003128714-3
STREET ADDRESS -02/09/00-01008-003
CITY-ST-ZIP ****150.00 ****150.00

TITLE P ☐ Delete
NAME MCGEE, SHAUN W
STREET ADDRESS 31 WACHUSETT VIEW DRIVE
CITY-ST-ZIP WESTBORO MA 01581

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

TITLE VP ☐ Delete
NAME MULLEN, JOHN D.
STREET ADDRESS 208 MAIN STREET
CITY-ST-ZIP MEDWAY MA

TITLE VS ☒ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DC ☐ Change ☒ Add
NAME David P. Conley
STREET ADDRESS 360 Church Street
CITY-ST-ZIP Northboro, MA 01532

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Change ☒ Add
NAME John A. Simas
STREET ADDRESS 360 Church Street
CITY-ST-ZIP Northboro, MA 01532

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

Date

Daytime Phone #

John D. Mullen 1-24-00 508-393-5300