

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34400

1. Entity Name

EVERGREEN CLUB APARTMENTS CORPORATION

Principal Place of Business

Mailing Address

% FIRST WINTHROP CORP.  
FIVE CAMBRIDGE CENTER, 9TH FLOOR  
CAMBRIDGE MA 02142

% FIRST WINTHROP CORP.  
FIVE CAMBRIDGE CENTER, 9TH FLOOR  
CAMBRIDGE MA 02142-1493

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3120388

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.

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 D  
NAME ASHNER, MICHAEL L  
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR  
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

TITLE Assistant Secretary  
NAME Forrester, Allison  
STREET ADDRESS 5 Cambridge Center, 9th Floor  
CITY-ST-ZIP Cambridge, MA 02142 ☐ Change ☒ Addition

TITLE SVAS  
NAME BRAVERMAN, PETER  
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR  
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

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

TITLE AC  
NAME DEMARCO, DAYNA A  
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR  
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

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

TITLE EVPS  
NAME TIFFANY, CAROLYN  
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR  
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

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

TITLE VPAS  
NAME SWEENEY JOHNSON, LARA  
STREET ADDRESS 5 CAMBRIDGE CENTER, 9TH FLOOR  
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 #

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90096 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)