

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2000 90096 016 ***150.00

DOCUMENT # P34400
 1. Entity Name
EVERGREEN CLUB APARTMENTS CORPORATION

Principal Place of Business Mailing Address
 % FIRST WINTHROP CORP. % FIRST WINTHROP CORP.
 FIVE CAMBRIDGE CENTER, 9TH FLOOR FIVE CAMBRIDGE CENTER, 9TH FLOOR
 CAMBRIDGE MA 02142 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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete
NAME	ASHNER, MICHAEL L	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	SVAS	<input type="checkbox"/> Delete
NAME	BRAVERMAN, PETER	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	AC	<input type="checkbox"/> Delete
NAME	DEMARCO, DAYNA A	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	TIFFANY, CAROLYN	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	SWEENEY JOHNSON, LARA	
STREET ADDRESS	5 CAMBRIDGE CENTER, 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Forrester, Allison	
STREET ADDRESS	5 Cambridge Center, 9th Floor	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Allison Forrester* **ASST SECY** Date: **1/17/2000** Daytime Phone #: **516 822-0022**

CR2E034 (9/99)