

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90049 024 ***150.00

DOCUMENT # P34400

1. Entity Name
EVERGREEN CLUB APARTMENTS CORPORATION

Principal Place of Business % FIRST WINTHROP CORP. FIVE CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02142	Mailing Address % FIRST WINTHROP CORP. FIVE CAMBRIDGE CENTER, 9TH FLOOR CAMBRIDGE MA 02142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7 Bulfinch Place Suite, Apt. #, etc. 500 P.O. Box 9507 City & State Boston, MA Zip 02114-9507 Country USA	3. Mailing Address 7 Bulfinch Place Suite, Apt. #, etc. 500 P.O. Box 9507 City & State Boston, MA Zip 02114-9507 Country USA
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4. FEI Number 04-3120388	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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, 2002 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 AS	<input type="checkbox"/> Delete
NAME FORRESTER, ALLISON	
STREET ADDRESS 5 CAMBRIDGE CENTER 9TH FLOOR	
CITY-ST-ZIP CAMBRIDGE MA 02142	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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: *[Signature]* **2/13/02** **516 8220022**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Asst Secretary** Date Daytime Phone #

CR2E034 (9/01)