

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



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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)