

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90016 010 \*\*\*550.00

**DOCUMENT # P38609**

1. Entity Name  
**BFG-GP, INC.**



Principal Place of Business  
101 ARCH STREET, 16TH FLOOR  
13TH FLOOR  
BOSTON MA 02110

Mailing Address  
101 ARCH STREET, 16TH FLOOR  
13TH FLOOR  
BOSTON MA 02110

**A0078741**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3116340**

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

**C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRATT, FRED N., JR.</b> <b>34 WEST CEDAR ST</b> <b>BOSTON MA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRATT, FRED N JR</b> <b>34 WEST CEDAR ST</b> <b>BOSTON MA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GLADSTONE, MICHEAL H.</b> <b>20 OLDHAM RD</b> <b>NEWTON MA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURRAY, GEORGIA</b> <b>172 BEACON ST.</b> <b>BOSTON MA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYNSWORTH, WILLIAM E</b> <b>161 BUCKMINSTER</b> <b>BROOKLINE MA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HART, JAMES D</b> <b>10 ALBERTA RD</b> <b>CHESTNUTHILL MA 02167</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

*See attachment*

*Director*  
*Amber B. Degriano*  
*855 Landmark Drive*  
*Atlanta, GA 30319*

*Director*  
*Samuel F. Hatcher*  
*93540 Inman Drive*  
*Atlanta, GA 30319*

*Treasurer*  
*David F. Smith*  
*118 Hopewell Drive*  
*Longwood, MA 01801*

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 (60) 439-3911  
Date Time Phone #

CR2E034 (5/00)

Attachment Doc# : P38609  
A0078741

**BFG-GP, Inc.**  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**Director** (Addition)  
Amber B., Degnan  
855 Landmark Drive  
Atlanta, GA 30319

Samuel F. Hatcher  
3540 Inman Drive  
Atlanta, GA 30319

**Treasurer** (Change)

David F. Smith  
184 Riverside Drive  
Norwell, MA 02061