

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40020

1. Entity Name

GEERLINGS & WADE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90063 015 ***150.00

Principal Place of Business

Mailing Address

960 TURNPIKE STREET
CANTON MA 02021

960 TURNPIKE STREET
CANTON MA 02021-2818

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

04-2935863

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 HAYES 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	PCEO	ESSA, JAY	29 FAIRFIELD #1A BOSTON MA 02116	
	CFOV	PEARCE, DAVID	33 PLEASANT ST DOVER MA	<input type="checkbox"/> Delete
	DC	GEERLINGS, HUIB	129 CHARLES ST BOSTON MA	<input type="checkbox"/> Delete
	D	CURVEY, JAMES	41 HIGHGATE ST WELLESLEY MA	<input type="checkbox"/> Delete
	D	WADE, PHILLIP	16 KRESS FARM RD WINGHAM MA 02043	<input type="checkbox"/> Delete
	D	WEBB, ROBERT	52 PINE RIDGE RD WESTPORD MA 01886	<input type="checkbox"/> Delete

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

4/28/00 781 821 4152
Date Daytime Phone #

CR2E034 (9/99)