

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90261 049 ***150.00

DOCUMENT # P40020

1. Entity Name

GEERLINGS & WADE, INC.

Principal Place of Business

**960 TURNPIKE STREET
 CANTON MA 02021**

Mailing Address

**960 TURNPIKE STREET
 CANTON MA 02021**

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, 2001 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 ☐ Delete
 NAME **PDCE**
 STREET ADDRESS **PEARCE, DAVID**
 CITY-ST-ZIP **33 PLEASANT ST
 DOVER MA**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **JOHN REMONDI**
 CITY-ST-ZIP **300 BOYLSTON ST SUITE 502
 BOSTON MA 02116**

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **GEERLINGS, HUIB**
 CITY-ST-ZIP **129 CHARLES ST
 BOSTON MA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CURVEY, JAMES**
 CITY-ST-ZIP **41 HIGHGATE ST
 WELLESLEY MA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WADE, PHILLIP**
 CITY-ST-ZIP **16 KRESS FARM RD
 WINGHAM MA 02043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WEBB, ROBERT**
 CITY-ST-ZIP **52 PINE RIDGE RD
 WESTPORD MA 01886**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Addition
 NAME **D**
 STREET ADDRESS **JACK CONNORS**
 CITY-ST-ZIP **71 SEARS RD
 BROOKLINE MA 02146**

TITLE ☐ Change ☐ 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]

President

5/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)