

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087700

1. Entity Name

LOWRY VILLAGE, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90306 041 \*\*\*150.00

Principal Place of Business

Mailing Address

FIRST AVENUE  
 MA 02194

197 FIRST AVENUE  
 NEEDHAM MA 02494-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02494

4. FEI Number 59-3213897

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 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 \$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 D ☐ Delete  
 NAME GOSMAN, ANDREW  
 STREET ADDRESS 197 FIRST AVENUE  
 CITY-ST-ZIP NEEDHAM, MA 02194

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP 02494

TITLE CEO ☐ Delete  
 NAME GOSMAN, ABRAHAM D  
 STREET ADDRESS 197 FIRST AVENUE  
 CITY-ST-ZIP NEEDHAM MA 02194

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP 02494

TITLE D ☒ Delete  
 NAME GOSMAN, MICHAEL M  
 STREET ADDRESS 197 FIRST AVENUE  
 CITY-ST-ZIP NEEDHAM MA 02194

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

TITLE EVPS ☒ Delete  
 NAME CLARY, JAMES M III  
 STREET ADDRESS 197 FIRST AVE  
 CITY-ST-ZIP NEEDHAM MA 02194

TITLE VS ☐ Change ☒ Addition  
 NAME CURRIE, DAVID B.  
 STREET ADDRESS 197 FIRST AVENUE  
 CITY-ST-ZIP NEEDHAM, MA 02494

TITLE COO ☒ Delete  
 NAME BENSON, MARC  
 STREET ADDRESS 197 FIRST AVE  
 CITY-ST-ZIP NEEDHAM MA 02194

TITLE P ☐ Change ☒ Addition  
 NAME ZACCARO, MICHAEL J  
 STREET ADDRESS 197 FIRST AVENUE  
 CITY-ST-ZIP NEEDHAM, MA 02494

TITLE V ☐ Delete  
 NAME ZAYLOR, PAUL  
 STREET ADDRESS 197 FIRST AVE  
 CITY-ST-ZIP NEEDHAM MA 02194

TITLE VT ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP 02494

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: *Paul Zaylor*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*04/24/00*  
 Date

*781-433-1000*  
 Daytime Phone #

CR2E034 (9/99)