

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045355

1. Entity Name

BAYBERRY GROVE CORPORATION

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

05-18-2000 90388 003 ***150.00

Principal Place of Business	Mailing Address
10 BURLINGTON MALL RD STE 245 BURLINGTON MA 01803 US	10 BURLINGTON MALL RD STE 245 BURLINGTON MA 01803-4130 US

2. Principal Place of Business	3. Mailing Address
6 Kimball Lane Suite Apt. #, etc. Suite 100 City & State Lynnfield MA Zip 01940 Country	10 Kimball Lane Suite Apt. #, etc. Suite 100 City & State Lynnfield MA Zip 01940 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0590179	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAMBONE, RICHARD P
222 LAKEVIEW AVE
17TH FLOOR
WEST PALM BEACH FL 33401

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMBONE, LORI B 10 BURLINGTON MALL RD STE 245 BURLINGTON MA 01803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS TAMBONE, RICHARD P. 222 LAKEVIEW AVE 17TH FLOOR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAMBONE, RICHARD P 222 LAKEVIEW AVE 17TH FLOOR WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 an officer or director empowered.

SIGNATURE: _____ Date: 4-28-00 Daytime Phone #: 781-245-5252

CR2E034 (9/99)