

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0148568 AB

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DOCUMENT # P96000068638

1. Entity Name

MONTE VISTA ORLANDO, INC.



FILED

03 SEP 17 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

125 SUMMER STREET
BOSTON MA 02110-1616
US

Mailing Address

ONE CALIFORNIA STREET, #1400
SAN FRANCISCO CA 94111-5415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

69-3397353

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

CORPORATION SERVICE COMPANY
1231 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LYDON, THOMAS P JR.
ONE N. BROADWAY, #500
WHITE PLAINS NY 10601-2301 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCFO
FINELLI, WILLIAM A
ONE N. BROADWAY, #500
WHITE PLAINS NY 10601-2301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director & Chairman
William A. Finelli
10 Park Avenue
Morristown, NJ 07965 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HATTON, JILL S
125 SUMMER STREET
BOSTON MA 02110-1616 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
HOWERTON, HERMAN H
ONE CALIFORNIA STREET, #1400
SAN FRANCISCO CA 94111-5415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800023143938 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOO
MITCHELSON, LISA
125 SUMMER STREET
BOSTON MA 02110-1616 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Exec VP & COO
Peter McNally
125 Summer Street, 1270
Boston, MA 02110 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MARRA, RALPH V
ONE N. BROADWAY, #500
WHITE PLAINS NY 10601-2301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO & Treasurer
Ralph V. Marra
10 Park Avenue
Morristown, NJ 07965 ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03

415-678-2138

Date

Daytime Phone #

CR2E034 (4/03)



CORPORATION SERVICE COMPANY™

Page 2

ACCOUNT NO. : 072100000032

REFERENCE : 245437 7171451

AUTHORIZATION :

Patricia Pignato

COST LIMIT : ~~\$750.00~~ \$550.00

ORDER DATE : September 17, 2003

ORDER TIME : 10:13 AM

ORDER NO. : 245437-005

CUSTOMER NO: 7171451

CUSTOMER: Clair Rommell
Ssr Realty Advisors
Suite 1400
One California Street
San Francisco, CA 94111-5415

ANNUAL REPORT FILING

NAME: MONTE VISTA ORLANDO, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____

RECEIVED
03 SEP 17 PM 12:42
DIVISION OF CORPORATION

RECEIVED
03 SEP 17 PM 2:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA