

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90137 043 \*\*\*550.00

**DOCUMENT # P97000104921**

1. Entity Name  
**GERRITY FLORIDA, INC.**

Principal Place of Business

**THREE CENTER PLAZA  
 SUITE 410  
 BOSTON MA 02108**

Mailing Address

**THREE CENTER PLAZA  
 SUITE 410  
 BOSTON MA 02108**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2366394**

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

**WHITMIRE, DRENNEN L JR**

**500 S. AUSTRALIAN AVENUE** 450 Royal Palm Way, 6th Floor  
**CLEARLAKE PLAZA, SUITE 800** Palm Beach, FL 33480  
**W PALM BEACH FL 33401**

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

**7/19/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **DPT** ☒ Delete  
 NAME **GERRITY, JOSEPH W**  
 STREET ADDRESS **1325 ROSEHILL BLVD.**  
 CITY-ST-ZIP **NOSKAYUNA NY 12309**

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

TITLE **D** ☐ Delete  
 NAME **GERRITY, ROBERT T**  
 STREET ADDRESS **90 GOULD ROAD**  
 CITY-ST-ZIP **CHATHAM CENTER NY 12184**

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

TITLE **DVS** ☐ Delete  
 NAME **GERRITY, DANIEL W**  
 STREET ADDRESS **54 FAIRMOUNT AVENUE**  
 CITY-ST-ZIP **BROOKLINE MA 02148**

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

TITLE **D** ☐ Delete  
 NAME **CHASE, SUSAN G**  
 STREET ADDRESS **156 BRYAN ROAD**  
 CITY-ST-ZIP **STOWE VT 05672**

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

TITLE **D** ☐ Delete  
 NAME **HOLLAND, CYNTHIA G**  
 STREET ADDRESS **2 BITTERSWEET TRAIL**  
 CITY-ST-ZIP **ROWAYTON CT 06853**

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

TITLE **D** ☐ Delete  
 NAME **ACHILLES, NANCY G**  
 STREET ADDRESS **40 OLD BROWNTOWN LANE**  
 CITY-ST-ZIP **FLINTHILL VA 22627**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)