

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000336

1. Entity Name

FIRST AMERICAN INSURANCE UNDERWRITERS, INC.

FILED

02 OCT 28 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

Principal Place of Business

189 RESERVOIR STREET
NEEDHAM MA 02494

Mailing Address

189 RESERVOIR STREET
NEEDHAM MA 02494

2. Principal Place of Business

MASSACHUSETTS

3. Mailing Address

189 Reservoir St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Needham MA

City & State

Needham MA

Zip

02494

Country

USA

Zip

02494

Country

USA

4. FEI Number

04-3541275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE

Allan D. Gersten

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

(NOTE: Registered Agent signature required when reinstating)

9/24/02

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 \$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

TITLE PSTD
NAME GERSTEN, ALLAN D
STREET ADDRESS 189 RESERVOIR STREET
CITY-ST-ZIP NEEDHAM MA 02494 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300008659793
10/29/02--01053--004 **750.00

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/02

Date

Daytime Phone #

CR2E034 (4/02)