

# 2001 UNIFORM BUSINESS REPORT (UBR)

0440492

DOCUMENT # F93000002272

1. Entity Name

FIDELITY INSURANCE AGENCY HOLDING COMPANY, INC.

FILED

01 FEB 27 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

82 DEVONSHIRE STREET, F7D  
BOSTON MA 02109

82 DEVONSHIRE STREET, F7D  
BOSTON MA 02109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3132324

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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, 2001 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  
NAME DP  
STREET ADDRESS ROHDA, RODNEY R  
CITY-ST-ZIP 82 DEVONSHIRE STREET  
BOSTON MA 02109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 300003803189-5  
CITY-ST-ZIP -03/06/01-0116-003  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME VP  
STREET ADDRESS BLOCH, ANDREA P  
CITY-ST-ZIP 82 DEVONSHIRE STREET  
BOSTON MA 02109 ☐ Delete

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

TITLE  
NAME SC  
STREET ADDRESS PEARLMAN, DAVID J  
CITY-ST-ZIP 82 DEVONSHIRE STREET  
BOSTON MA 02109 ☐ Delete

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

TITLE  
NAME T  
STREET ADDRESS KURTZER, JOSEPH L JR.  
CITY-ST-ZIP 82 DEVONSHIRE STREET  
BOSTON MA 02109 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS GOLDBERG, LENA G  
CITY-ST-ZIP 82 DEVONSHIRE STREET  
BOSTON MA 02109 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS JOHNSON, EDWARD C 3D  
CITY-ST-ZIP 82 DEVONSHIRE STREET  
BOSTON MA 02019 ☐ Delete

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

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:

*David J. Pearlman*

David J. Pearlman

1/11/01

617-563-7467

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)