

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90020 022 \*\*\*150.00

**DOCUMENT # F98000005878**

1. Entity Name  
**COAKLEY, PIERPAN, DOLAN & COLLINS INSURANCE AGEN**

Principal Place of Business  
**26 UNION ST  
 NORTH ADAMS MA 01247**

Mailing Address  
**26 UNION ST  
 NORTH ADAMS MA 01247**



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 **04-2375409**

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

**C T 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / \$150.00**  
**After SEPTEMBER 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CPSD COLLINS, ROBERT W 26 UNION ST NORTH ADAMS MA 01247</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD DOLAN, TIMOTHY R 26 UNION ST NORTH ADAMS MA 01247</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer, Director Kelly, Thomas W 93 Main Street North Adams, MA 01247</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Director Collins, Robert W 26 Union Street North Adams, MA 01247</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Clerk Dolan, Timothy R 26 Union Street North Adams, MA 01247</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer, Director Kelly, Thomas W 93 Main Street North Adams, MA 01247</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *Robert W. Collins*  
**Robert W. Collins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**413-663-2275**  
Date Daytime Phone #

CR2E034 (5/00)

Attachment  
D# F9800005878  
DCU69780



# Coakley, Pierpan, Dolan & Collins

INSURANCE AGENCY INCORPORATED

July 6, 2000

Ms. Katherine Harris  
Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Harris:

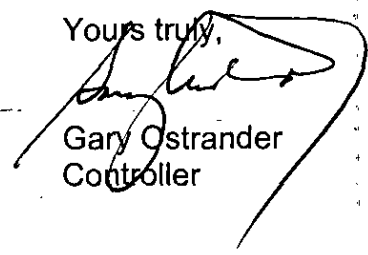
Ref: Annual Report  
Document #F9800005878  
EFI# 04-2375409

Please be advised that the enclosed second notice document is the first notice received by our organization this year. As advised by John of your staff, we are submitting \$150 for the annual fee instead of the \$550 as stated on the report.

Please advise if further information or assistance is required.

Thank you.

Yours truly,



Gary Ostrander  
Controller

Encl.

A new vision for insurance

26 Union Street, North Adams, MA 01247-3516 • (413) 664-9366 • Fax (413) 664-4723  
1-800-649-2723 (413 Area) • 1-800-447-CPDC (National)  
296 Main Street, Williamstown, MA 01267-2641 • (413) 458-8119 • Fax (413) 458-5706  
One Commercial Place, Adams, MA 01220-2049 • (413) 743-7000 • Fax (413) 743-9488