

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07353

1. Entity Name

Allmerica Investments, Inc.

Principal Place of Business

440 Lincoln Street  
Worcester, MA 01653

Mailing Address

440 Lincoln Street  
Worcester, MA 01653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2448927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00066637

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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, 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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P/D/CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Monroe, William F. Jr.		NAME	
225 General Hobbs Road		STREET ADDRESS	
Jefferson, MA 01523		CITY-ST-ZIP	
V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Mueller, David J.		NAME	
78 Brighton Road		STREET ADDRESS	
Brookline, MA 02146		CITY-ST-ZIP	
T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
McGivney, Mark C.		NAME	
81 Rumstick Road		STREET ADDRESS	
Barrington, RI 02806		CITY-ST-ZIP	
S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Cronin, Charles F.		NAME	
57 Longwood Drive		STREET ADDRESS	
Lunenburg, MA 01462		CITY-ST-ZIP	
D.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Parker, Stephen		NAME	
36 Mayflower Road		STREET ADDRESS	
Winchester, MA 01890		CITY-ST-ZIP	
Assistant Treasurer		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Erickson, Lee	<input type="checkbox"/> Delete	NAME	
455 Quinapoxet Street		STREET ADDRESS	
Holden, MA 01520		CITY-ST-ZIP	

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:

*Lee Erickson*

Lee Erickson

June

Date

2000

(508) 855-2490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)