## 2000 UNIFORM BUSINESS REPORT (UBR)

8/29/00-90031-039-\$550.00-\$550.00



DOCUMENT # P9900046094 1. Entity Name ALLMERICA INVESTMENTS INSURANCE AGENCY OF FLORID FILED 00 OCT -2 PM 1:21 Principal Place of Business Mailing Address 440 LINCOLN ST. 440 LINCOLN ST. SECRETARY OF STATE WORCESTER MA 01653 WORCESTER MA 01653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 06-1550524 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1290 S. PINE ISLAND RD. PLANTATION FL 33324-Zip Code City 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOWILL FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TID F Change TITLE OC PARKER, STEPHEN Norton-Gatto, Patricia A. NAME NAME STREET ADDRESS 36 MAYFLOWER RD. 76 Killdeer Island Road STREET ADDRESS CITY - ST - ZIP WINCHESTER MA 01890 CITY-ST-ZIP Webster, MA 01570 ☐ Change ☐ Addition C Delete TITLE TITLE MONROE, WILLIAM F JR. NAME NAME 225 GENERAL HOBBS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLDEN MA 01522 CITY-ST-ZIP ☐ Addition , 🔲 Change Delete TITLE TITLE MUELLER, DAVID J NAME NAME STREET ADDRESS 78 BRINGTON RD. STREET ADDRESS CITY-ST-ZIP **BROOKLINE MA 02146** CITY-ST-7F ☐ Addition DîNE Delete 7771 F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 eath, 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 AND TYPED OR PAINTED NAME OF BIGHING OFFICER OR DIRECT

Patricia A. Norton-Gatto AT 508/855-6887

Daytime Phone





September 28, 2000

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Allmerica Investments Insurance Agency of Florida, Inc.

Enclosed on behalf of Allmerica Investments Insurance Agency of Florida, Inc. is the updated 2000 Uniform Business Report. I am sending this filing in accordance with a notice we received from the Florida Department of State, Reference Number P99000046094, dated August 31, 2000. I am attaching a copy of the aforementioned notice along with the updated report. Please advise if you have any further questions.

Thank you,

Nunzio J. Vuono Senior Accountant (508) 855-2721

Enc.