

2000 UNIFORM BUSINESS REPORT (UBR)

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

PS192

DOCUMENT # **P99000046094**

1. Entity Name
ALLMERICA INVESTMENTS INSURANCE AGENCY OF FLORID ✓

FILED

00 OCT -2 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
440 LINCOLN ST.
WORCESTER MA 01653

Mailing Address
440 LINCOLN ST.
WORCESTER MA 01653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1550524**

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
1290 S. PINE ISLAND RD.
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 \$550.00
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	D OC PARKER, STEPHEN 36 MAYFLOWER RD. WINCHESTER MA 01890	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, WILLIAM F JR. 225 GENERAL HOBBS RD. HOLDEN MA 01522	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, DAVID J 78 BRINGTON RD. BROOKLINE MA 02148	<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	AT Norton-Gatto, Patricia A. 76 Killdeer Island Road Webster, MA 01570	<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
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)(l), 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: *Patricia A. Norton-Gatto* **REQUIRED**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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,

A handwritten signature in black ink, appearing to read "Nunzio J. Vuono".

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

Enc.

440 Lincoln Street, Worcester, Massachusetts 01653, Phone 508-855-1000, Fax 508-853-6332

First Allmerica Financial Life Insurance Company • Allmerica Financial Life Insurance and Annuity Company (licensed in all states except NY & HI)
Allmerica Trust Company, N.A. • Allmerica Investments, Inc. • Allmerica Investment Management Company, Inc.
Allmerica Property & Casualty Companies, Inc. • The Hanover Insurance Company
Sterling Risk Management Services, Inc. • Citizens Corporation • Citizens Insurance Company of America • AMGRO, Inc.