

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672561

1. Entity Name  
THE MALLORY CORPORATION

Principal Place of Business  
1396 CHESSINGTON CIRCLE  
LAKE MARY FL 32746-1919

Mailing Address  
1396 CHESSINGTON CIRCLE  
LAKE MARY FL 32746-1919

FILED

00 MAR 13 AM 10: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 83



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 59-2003512

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

LEFKOWITZ, IVAN M.  
LEFKOWITZ & BLOOM, P.A.  
430 N. MILLS AVENUE  
ORLANDO FL 32803

Name

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

City

FL

Zip Code

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 re-registering)

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PO  
FEINBERG, RICHARD A  
607 WHIPPORWILL LN, PO BOX 620631  
OVIEDO FL 32762-0631 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300003178293  
-03/21/00--01101--001  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
PRESLEY, MALORY F  
1396 CHESSINGTON CIRCLE  
LAKE MARY FL 32746-1919 ☐ Delete

TITLE  
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**SP**

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:

*Malory F. Presley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALORY F PRESLEY

1/20/00  
Date

407-804-1992  
Daytime Phone #

CR2E0349999