

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007864 AF

DOCUMENT # **A31159**

1. Entity Name

**OCALA MANUFACTURER'S MALL LIMITED PARTNERSHIP**

**FILED**

**01 APR 23 PM 12:37**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**% KONOVER MANAGEMENT SOUTH, INC.  
7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433**

Mailing Address  
**% KONOVER MANAGEMENT SOUTH, INC.  
7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433**

2. Principal Place of Business  
**Konover & Associates South, LLC**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0258829**

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

**ASHENFELTER, MARIA S  
% KONOVER MANAGEMENT SOUTH, INC.  
7000 WEST PALMETTO PARK RD., SUITE 408  
BOCA RATON FL 33433**

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. Capital Contributions as Shown on record.

**\$325,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

## 12. GENERAL PARTNER INFORMATION

## 13. ADDRESS CHANGES ONLY

DOCUMENT # **S00049**  
NAME **MANUFACTURER'S MALL OF OCALA, INC.**  
STREET ADDRESS **7000 W. PALMETTO PK RD.**  
CITY-ST-ZIP **BOCA RATON FL**

STREET ADDRESS

CITY-ST-ZIP

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**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: **Manufacturer's Mall of Ocala, Inc. its, General Partner**

By: **Kristen M. Mirziane, Treasurer**

SIGNATURE: *Kristen M. Mirziane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/12/01**  
Date

**561394-4284**  
Daytime Phone #

CR2E003 (11/00)