

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31159**

1. Entity Name

OCALA MANUFACTURER'S MALL LIMITED PARTNERSHIP

FILED

02 APR -2 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
%KONOVER & ASSOCIATES SOUTH, LLC
7000 WEST PALMETTO PARK ROAD, SUITE 408
BOCA RATON FL 33433

Mailing Address
%KONOVER & ASSOCIATES SOUTH, LLC
7000 WEST PALMETTO PARK ROAD, SUITE 408
BOCA RATON FL 33433

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**000005135530--3
-03/20/02--01016--001
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CITY-ST-ZIP

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

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

SIGNATURE: **By: Kristen Mirrione, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0012009 AT

STAPLE CHECK HERE