

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001452

1. Entity Name

THE APPAREL GROUP, LTD., INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90100 050 \*\*\*150.00

Principal Place of Business

Mailing Address

4300 LEGHORN DRIVE  
LOUISVILLE KY 40218

P.O. BOX 32100  
LOUISVILLE KY 40232-2100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5569505**

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

MCCLINTOCK, RICHARD  
7240 ISE OF CAPRI ROAD  
SUITE 150  
NAPLES FL 33961

Name Patricia Oratski Toni McPherson  
Street Address (P.O. Box Number is Not Acceptable)  
Damon/Enro Factory Store  
Gratiste Outlet, 7240 State Rd. 951  
City Naples FL Zip Code 34114

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

Toni J McPherson  
Patricia Oratski Manager Damon/Enro Factory Store

(NOTE: Registered Agent signature required when re-appointing)

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 ☐ Delete  
NAME CFO  
GLASSER, DAVID  
STREET ADDRESS 1370 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME COP  
GOLDBERG, NORMAN  
STREET ADDRESS 1370 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME COP  
BEARDEN, WALTER  
STREET ADDRESS 1441 BROADWAY 24TH FLOOR SUITE 2350  
CITY-ST-ZIP NEW YORK NY 10018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
MAK, KAM YEON JIMMY  
STREET ADDRESS 4300 LEGHORN DRIVE  
CITY-ST-ZIP LOUISVILLE KY 40218

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME C  
LEE, HARRY  
STREET ADDRESS 49 AUSTIN ROAD  
CITY-ST-ZIP KOWLOON, HONG KONG

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
YEUNG, DONALD  
STREET ADDRESS 1259 FOUSHEE RD.  
CITY-ST-ZIP RAMSEUR NC 27316

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-2000 (502) 473-6327  
Date Daytime Phone #

CR2E034 (9/99)