

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003978

1. Entity Name

THE MILLS CORPORATION  
dba THE MILLS SOUTH FLORIDA CORPORATION

FILED

00 MAR 14 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1300 WILSON BLVD. #400  
ARLINGTON, VA 22209

(SAME)

2. Principal Place of Business

(SAME)

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1802283

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 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 \$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	CHAIRMAN OF THE BOARD AND <input type="checkbox"/> Delete LAURENCE C. SIEGEL DIRECTOR 1300 WILSON BLVD. #400 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND DIRECTOR <input type="checkbox"/> Delete PETER B. MCMILLAN 1300 WILSON BLVD. #400 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VP AND SECRETARY <input type="checkbox"/> Delete THOMAS E. FROST AND DIRECTOR 1300 WILSON BLVD. #400 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VP <input type="checkbox"/> Delete KENNETH R. PARENT 1300 WILSON BLVD. #400 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Delete D. GREGORY NEEB 1300 WILSON BLVD. #400 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-03/22/00--01027--017  
\*\*\*\*150.00 \*\*\*\*150.00

KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.00

(703) 526-5000

Date

Daytime Phone #

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT OF THE MILLS CORPORATION

CR2E034 (9/99)