

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90033 024 \*\*\*150.00

**DOCUMENT #** K09797

**1. Entity Name**  
 FLORIDA K-FIVE CORPORATION

**Principal Place of Business**  
 7000 West Palmetto Park Rd.  
 Ste. 408  
 Boca Raton, FL 33433

**Mailing Address**  
 7000 West Palmetto Park Rd.  
 Ste. 408  
 Boca Raton, FL 33433

**A0072227**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

65-1228893

**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**

Konover, Theodore, S.  
 9822 NE 2nd Aven  
 Stes. 1 & 2  
 Miami Shores, FL 33138

**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!!!**

**After MAY 1, 2001**

**Make Check Payable to Department of State**

**FEE IS \$150.00**

**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**

<b>TITLE</b>	S/V	<input type="checkbox"/> Delete
<b>NAME</b>	Maria Ashenfelter	
<b>STREET ADDRESS</b>	7000 West Palmetto Park Rd. Ste. 408	
<b>CITY-ST-ZIP</b>	Boca Raton, FL 33433	
<b>TITLE</b>	AS	<input type="checkbox"/> Delete
<b>NAME</b>	Sandra G. Silvey	
<b>STREET ADDRESS</b>	342 North Main Street, Ste. 200	
<b>CITY-ST-ZIP</b>	West Hartford, CT 06117	
<b>TITLE</b>	T	<input type="checkbox"/> Delete
<b>NAME</b>	Kristen Mirrione	
<b>STREET ADDRESS</b>	7000 West Palmetto Park Rd, Ste. 408	
<b>CITY-ST-ZIP</b>	Boca Raton, FL 33433	
<b>TITLE</b>	V	<input type="checkbox"/> Delete
<b>NAME</b>	Jane Coppa	
<b>STREET ADDRESS</b>	7000 West Palmetto Park Rd, Ste. 408	
<b>CITY-ST-ZIP</b>	Boca Raton, FL 33433	
<b>TITLE</b>	EV	<input type="checkbox"/> Delete
<b>NAME</b>	Henry Konover	
<b>STREET ADDRESS</b>	9822 NE 2nd Street, Ste 1&2	
<b>CITY-ST-ZIP</b>	Miami Shores, FL	
<b>TITLE</b>	P/C	<input type="checkbox"/> Delete
<b>NAME</b>	Theodore S. Konover	
<b>STREET ADDRESS</b>	9822 NE 2nd Street, Ste 1&2	
<b>CITY-ST-ZIP</b>	Miami Shores, FL	

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

**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

Kristen Mirrione, Treasurer

5/1/01

(561) 394-4224

CR2E034 (11/00)