

2000 UNIFORM BUSINESS REPORT (UBR)

0001299

DOCUMENT # K84985

1. Entity Name

KONOVER & ASSOCIATES SOUTH, INC.

FILED

00 APR -7 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

W. PALEMETTO PARK RD.

% COHEN, GERSHMAN & WAKIM, P.C.
2410 ALBANY AVENUE
WEST HARTFORD CT 06117-2501

Boca RATON FL 33433

2. Principal Place of Business

3. Mailing Address
C/O Konover Investment Corporation
342 North Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

West Hartford, CT 06117

Zip

Country

Zip
06117

Country

4. FEI Number

65-0118127

Applied For

Not Applicable

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

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

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 CPD ☐ Delete
NAME KONOVER, SIMON
STREET ADDRESS 7000 PALMETTO PK RD #408
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME 600003213896-2
STREET ADDRESS -04/19/00--01012--013
CITY-ST-ZIP *****150.00 *****150.00

TITLE V ☒ Delete
NAME LILJEDAH, RICHARD C
STREET ADDRESS 2410 ALBANY AVE.
CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE V/S ☐ Change ☒ Addition
NAME Maria Ashenfelter
STREET ADDRESS 7000 West Palmetto Park Road Suite 408
CITY-ST-ZIP Boca Raton, FL 33433

TITLE T ☒ Delete
NAME COPPA, JANE K
STREET ADDRESS 2410 ALBANY AVE.
CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE T ☐ Change ☒ Addition
NAME Kristen Mirrione
STREET ADDRESS 7000 West Palmetto Park Road, Suite 408
CITY-ST-ZIP Boca Raton, Florida 33433

TITLE S ☒ Delete
NAME WAKIM, JAMES
STREET ADDRESS 2410 ALBANY AVE.
CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE AS ☐ Change ☒ Addition
NAME Sandra Silvay
STREET ADDRESS 342 North Main Street, Suite 200
CITY-ST-ZIP West Hartford, CT 06117

TITLE AS ☒ Delete
NAME VINHAIS, SUSAN W
STREET ADDRESS 2410 ALBANY AVE.
CITY-ST-ZIP WEST HARTFORD CT 06117

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Simon Konover, President

4-3-2000

Date

Daytime Phone #

KE

CR2E034 (9/99)