

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085418

1. Entity Name

K. SOUTH, INC.

Principal Place of Business

7000 WEST PALMETTO PARK ROAD  
SUITE #408  
BOCA RATON FL 33433

Mailing Address

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.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 65-0619827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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, 2001 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

|                |   |  |
|----------------|---|--|
| TITLE          | D                                       | <input type="checkbox"/> Delete            |
| NAME           | KONOVER, SIMON                          |  |
| STREET ADDRESS | 7000 WEST PALMETTO PARK RD., SUITE #408 |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433                     |  |
| TITLE          | D                                       | <input checked="" type="checkbox"/> Delete |
| NAME           | STEINMARK, FRED P                       |  |
| STREET ADDRESS | 7000 WEST PALMETTO PARK RD., SUITE #408 |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433                     |  |
| TITLE          | D                                       | <input checked="" type="checkbox"/> Delete |
| NAME           | ASHENFELTER, MARIA                      |  |
| STREET ADDRESS | 7000 WEST PALMETTO PARK RD., SUITE #408 |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433                     |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |  |
|----------------|---|--|
| TITLE          | President                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Simon Konover                           |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          | Senior Vice President/Secretary         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Maria Ashenfelter                       |  |
| STREET ADDRESS | 7000 West Palmetto Park Road, Suite 408 |  |
| CITY-ST-ZIP    | Boca Raton, FL 33433                    |  |
| TITLE          | Chief Financial Officer                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Gregory V. Combs                        |  |
| STREET ADDRESS | 7000 West Palmetto Park Rd. Suite 408   |  |
| CITY-ST-ZIP    | Boca Raton, FL 33433                    |  |
| TITLE          | Treasurer                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Kristen Mirrione                        |  |
| STREET ADDRESS | 7000 West Palmetto Park Road, Suite 408 |  |
| CITY-ST-ZIP    | Boca Raton, FL 33433                    |  |
| TITLE          | Assistant Sec.                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sandra G. Silway                        |  |
| STREET ADDRESS | 342 North Main Street, Suite 200        |  |
| CITY-ST-ZIP    | West Hartford, CT 06117                 |  |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kristen P. Mirrione*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristen Mirrione, Treasurer

4/6/01 561-394-4284

Daytime Phone #

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90066 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)