

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90066 032 ***150.00

US04/18/

DOCUMENT # S00049

1. Entity Name

MANUFACTURER'S MALL OF OCALA, INC.

Principal Place of Business

**7000 WEST PALMETTO PARK ROAD
#408
BOCA RATON FL 33433
US**

Mailing Address

**C/O KONOVER & ASSOC SOUTH INC
7000 W PALMETTO PARK RD STE 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

4. FEI Number **65-0235651**

Applied For

Not Applicable

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

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CPD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KONOVER, SIMON	% 7000 W PALMETTO PK RD					
		BOCA RATON FL					
	VPD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ROSEN, JONATHAN P.	40 E 69 ST					
		NEW YORK NY					
	VS		<input type="checkbox"/> Delete		Senior Vice President/Secretary		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ASHENFELTER, MARIA	7000 W PALMETTO PARK RD STE 408			Maria Ashenfelter		
		BOCA RATON FL 33433					
	T		<input type="checkbox"/> Delete		Chief Financial Officer		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	MIRRIONE, KRISTEN	7000 W PALMETTO PARK RD STE 408			Gregory V. Combs		
		BOCA RATON FL 33433			7000 West Palmetto Park Road, Suite 408		
					Boca Raton, FL 33433		
	AS		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SILVAY, SANDRA	342 N MAIN ST STE 200					
		WEST HARTFORD CT 06117					
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/16/01

Date

541-394-4224

Daytime Phone #

CR2E034 (10/00)