

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0404046 AV

DOCUMENT # S00049

1. Entity Name  
MANUFACTURER'S MALL OF OCALA, INC.



FILED

03 APR 11 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7000 W. Palmetto Park Rd., Ste 408  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME ROSEN, JONATHAN P.  
STREET ADDRESS 40 E 69 ST  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☒ Addition  
NAME Assistant Secretary  
STREET ADDRESS Susan A. Janiak  
CITY-ST-ZIP 342 N. Main St., Ste 200  
West Hartford, CT 06117

TITLE SVPS ☐ Delete  
NAME ASHENFELTER, MARIA  
STREET ADDRESS 7000 W PALMETTO PARK RD STE 408  
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE T ☐ Delete  
NAME MIRRIONE, KRISTEN  
STREET ADDRESS 7000 W PALMETTO PARK RD STE 408  
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE AS ☒ Delete  
NAME SILVAY, SANDRA  
STREET ADDRESS 342 N MAIN ST STE 200  
CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Robert Coppa  
CITY-ST-ZIP 7000 W. Palmetto Park Rd. Ste 408  
Boca Raton, FL 33433

TITLE CFO ☐ Delete  
NAME COMBS, GREGORY V  
STREET ADDRESS 7000 WEST PALMETTO PARK RD., STE. 408  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☒ Change ☐ Addition  
NAME Executive Vice President, COO  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY COMBS EXEC VP/COO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)