

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 413036

1. Entity Name

MELDISCO K-M GOLDENROD RD. N., FL., INC. 3380

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90057 002 \*\*\*150.00

Principal Place of Business

Mailing Address

4000 GOLDENROD RD. N.  
WINTER PARK FL 32792

933 MACARTHUR BLVD  
MAHWAH NJ 07430-2045  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-1979896

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

UNITED STATES CORPORATION COMPANY  
1201 HAYES STREET  
STE. 105  
TALLAHASSEE FL 32301

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 P ☐ Delete  
NAME SHEPARD, JEFFREY  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH NJ

TITLE V ☐ Delete  
NAME PROFFITT, RANDALL S  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH NJ

TITLE AT ☒ Delete  
NAME WOJNO, THOMAS  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH NJ

TITLE D ☒ Delete  
NAME PALIZZI, ANTHONY  
STREET ADDRESS 3100 W. BIG BEAVER  
CITY-ST-ZIP TROY MI

TITLE AT ☒ Delete  
NAME BAUMLIN, THOMAS  
STREET ADDRESS 933 MACARTHUR BLVD.  
CITY-ST-ZIP MAHWAH NJ 07430

TITLE S ☐ Delete  
NAME RICHARDS, MAUREEN  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ

TITLE ☐ Change ☒ Addition  
NAME KATHLEEN GUINNESSY  
STREET ADDRESS 933 MacARTHUR BLVD., MAHWAH, NJ 07430  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*KATHLEEN GUINNESSY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN GUINNESSY APR 18 2000

(201) 934-2000

Date

Daytime Phone #