

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90057 005 ***150.00

DOCUMENT # 580973

1. Entity Name

KIMCO OF TAMPA, INC.

Principal Place of Business

**KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PARK NY 11042-0020**

Mailing Address

**KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PARK NY 11042-0020**

2. Principal Place of Business

3333 New Hyde Park Road

3. Mailing Address

Suite 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Hyde Park NY

City & State

Zip

11042

Country

US

Zip

US

Country

4. FEI Number **11-2513372**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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** ☐ Delete
NAME **COOPER, MILTON**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE **D** ☐ Delete
NAME **KIMMEL, MARTIN**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE **P** ☐ Delete
NAME **FLYNN, MIKE**
STREET ADDRESS **3333 NEW HYDE PARK ROAD**
CITY-ST-ZIP **NEW HYDE PARK NY**

TITLE **VP** ☒ Delete
NAME **WEISS, ALEX**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE **T** ☐ Delete
NAME **PAPPAGALLO, MIKE**
STREET ADDRESS **3333 NEW HYDE PARK RD. 100**
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE **S** ☐ Delete
NAME **KAUDERER, BRUCE**
STREET ADDRESS **3333 NEW HYDE PK. RD. 1000**
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 **Cohen, Glenn**
STREET ADDRESS **same**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Yarmak, Joel I.**
STREET ADDRESS **same**
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

Joel I. Yarmak

4/26/01

(516) 869-9000

Date

Daytime Phone #

CR2E034 (10/00)