

**XCORALWAY**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90079 048 \*\*\*150.00

0676264 AT

**DOCUMENT # 580973**

1. Entity Name  
**KIMCO OF TAMPA, INC.**

|                                                                                                                             |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3333 NEW HYDE PARK ROAD<br/>         STE 100<br/>         NEW HYDE PARK NY 11042-0020</b> | Mailing Address<br><b>KIMCO REALTY CORP.<br/>         P.O. BOX 5020<br/>         NEW HYDE PARK NY 11042-0020</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

**80060003**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                                                                                 |                                                        |
|--------------------------------|---------|---------------------|---------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>11-2513372</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                                                                 |                                                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |
| Zip                            | Country | Zip                 | Country |                                                                                                 |                                                        |

|                                                                                                                                                                   |                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CT CORPORATION SYSTEM<br/>         1200 S. PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS |                                                                                                                       | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| TITLE                      | D<br>COOPER, MILTON<br>3333 NEW HYDE PK. RD. 100<br>NEW HYDE PARK NY 11042 <input type="checkbox"/> Delete            | TITLE                                                 | VP<br>Yarmak Joel I <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                                                                                                       | NAME                                                  |                                                                                                  |
| STREET ADDRESS             |                                                                                                                       | STREET ADDRESS                                        |                                                                                                  |
| CITY-ST-ZIP                |                                                                                                                       | CITY-ST-ZIP                                           |                                                                                                  |
| TITLE                      | D<br>KIMMEL, MARTIN<br>3333 NEW HYDE PK. RD. 100<br>NEW HYDE PARK NY 11042 <input checked="" type="checkbox"/> Delete | TITLE                                                 | VP<br>Yarmak Joel I <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                                                                                                       | NAME                                                  |                                                                                                  |
| STREET ADDRESS             |                                                                                                                       | STREET ADDRESS                                        |                                                                                                  |
| CITY-ST-ZIP                |                                                                                                                       | CITY-ST-ZIP                                           |                                                                                                  |
| TITLE                      | P<br>FLYNN, MIKE<br>3333 NEW HYDE PARK ROAD<br>NEW HYDE PARK NY <input type="checkbox"/> Delete                       | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |                                                                                                                       | NAME                                                  |                                                                                                  |
| STREET ADDRESS             |                                                                                                                       | STREET ADDRESS                                        |                                                                                                  |
| CITY-ST-ZIP                |                                                                                                                       | CITY-ST-ZIP                                           |                                                                                                  |
| TITLE                      | VP<br>WEISS, ALEX<br>3333 NEW HYDE PK. RD. 100<br>NEW HYDE PARK NY 11042 <input type="checkbox"/> Delete              | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |                                                                                                                       | NAME                                                  |                                                                                                  |
| STREET ADDRESS             |                                                                                                                       | STREET ADDRESS                                        |                                                                                                  |
| CITY-ST-ZIP                |                                                                                                                       | CITY-ST-ZIP                                           |                                                                                                  |
| TITLE                      | T<br>PAPPAGALLO, MIKE<br>3333 NEW HYDE PARK RD. 100<br>NEW HYDE PARK NY 11042 <input type="checkbox"/> Delete         | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |                                                                                                                       | NAME                                                  |                                                                                                  |
| STREET ADDRESS             |                                                                                                                       | STREET ADDRESS                                        |                                                                                                  |
| CITY-ST-ZIP                |                                                                                                                       | CITY-ST-ZIP                                           |                                                                                                  |
| TITLE                      | S<br>KAUDERER, BRUCE<br>3333 NEW HYDE PK. RD. 1000<br>NEW HYDE PARK NY 11042 <input type="checkbox"/> Delete          | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |                                                                                                                       | NAME                                                  |                                                                                                  |
| STREET ADDRESS             |                                                                                                                       | STREET ADDRESS                                        |                                                                                                  |
| CITY-ST-ZIP                |                                                                                                                       | 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

Date

Daytime Phone #

CR2E034 (9/01)