

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 636196**

1. Entity Name

**MELDISCO K-M ORLANDO, FLA., INC.**

y4/12

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

05-01-2000 90057 023 \*\*\*150.00

C0077670



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3110 E COLONIAL  
ORLANDO FL 32803  
US933 MACARTHUR BLVD.  
MAHWAH NJ 07430-2045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

22-2269959

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301****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 ☐ Change ☒ Addition  
NAME **KATHLEEN GUINNESSSEY**  
STREET ADDRESS **933 MacARTHUR BLVD., MAHWAH, NJ 07430**  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **PROFFITT, RANDALL S**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **AT** ☒ Delete  
NAME **WOJNO, THOMAS**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **PALIZZI, ANTHONY**  
STREET ADDRESS **3100 W. BIG BEAVER**  
CITY-ST-ZIP **TROY MI**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **AT** ☐ Delete  
NAME **BAUMIN, THOMAS**  
STREET ADDRESS **933 MACARTHUR BLVD.**  
CITY-ST-ZIP **MAHWAH NJ**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **RICHARDS, MAUREEN**  
STREET ADDRESS **933 MACARTHUR BLVD**  
CITY-ST-ZIP **MAHWAH NJ**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)(l), 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 legal empowered.**

SIGNATURE:

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

Date

Daytime Phone #

**APR 18 2000 (201) 934-2000**