

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F71202**

1. Entity Name

**THE KIMCO DISTRIBUTING CORPORATION**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90108 028 \*\*\*150.00

Principal Place of Business 6353 WEST ROGERS CIRCLE BAY 3 BOCA RATON FL 33487	Mailing Address 6353 WEST ROGERS CIRCLE BAY 3 BOCA RATON FL 33487-2757
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DO NOT WRITE IN THIS SPACE

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 <b>59-2183570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LOHSE, VIRGINIA**  
**7225 N.W. 5TH AVENUE**  
**BOCA RATON FL 33487**

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

**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
TD	LOHSE, HAL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6353 W. ROGERS CIR.	BOCA RATON FL		
P	LOHSE, VIRGINIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6353 W. ROGERS CR.	BOCA RATON FL		
VP	PETERSON, KAREN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6353 W. ROGERS CR.	BOCA RATON FL		
S	LOHSE, KM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6353 W. ROGERS CR.	BOCA RATON FL		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Virginia Lohse*  
**President**

4-27-00 561-994-0590

Date

Daytime Phone #

CR2E034 (9/99)