

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90057 010 \*\*\*150.00

**DOCUMENT # F81456**

1. Entity Name

MELDISCO K-M CALLAWAY, FLA., INC.

3268

Principal Place of Business

Mailing Address

225 S. TYNDALL PKWY.  
 CALLOWAY FL 32401  
 US

933 MACARTHUR BLVD.  
 MAHWAH NJ 07430-2045

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

22-2403259

Applied For

Not Applicable

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 HAYS STREET  
 SUITE 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	<input type="checkbox"/> Delete
NAME	SHEPARD, JEFFREY	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	PROFFITT, RANDALL S	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	WOJNO, THOMAS	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICHARDS, MAUREEN	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALIZZI, ANTHONY	
STREET ADDRESS	3100 W. BIG BEAVER	
CITY-ST-ZIP	TROY MI	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BAUMLIN, THOMAS	
STREET ADDRESS	933 MACARTHUR BLVD.	
CITY-ST-ZIP	MAHWAH NJ 07430	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN GUINNESSSEY	
STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 GUINNESSSEY*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN GUINNESSSEY APR 18 2000

(201) 934-2000

Date

Daytime Phone #

CR2E034 (9/99)