

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H80885

1. Entity Name

MELDISCO K-M CLEWISTON, FL., INC. (3412)

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

05-01-2000 90057 047 ***150.00

Principal Place of Business

Mailing Address

955 SUGARLAND HWY.
CLEWISTON FL 33440

933 MACARTHUR BLVD
MAHWAH NJ 07430-2045
US

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

22-2649366

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 HAYES STREET
STE. 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** ☐ Delete
NAME **SHEPARD, JEFFREY**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-ST-ZIP **MAHWAH NJ**

TITLE **V** ☐ Delete
NAME **PROFFITT, RANDALL S**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-ST-ZIP **MAHWAH NJ**

TITLE **AT** ☒ Delete
NAME **WOJNO, THOMAS**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-ST-ZIP **MAHWAH NJ**

TITLE **S** ☐ Delete
NAME **RICHARDS, MAUREEN**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-ST-ZIP **MAHWAH NJ**

TITLE **D** ☒ Delete
NAME **PALIZZI, ANTHONY**
STREET ADDRESS **3100 WW. BIG BEAVER**
CITY-ST-ZIP **TROY MI**

TITLE **AT** ☐ Delete
NAME **BAUMLIN, THOMAS**
STREET ADDRESS **933 MACARTHUR BLVD.**
CITY-ST-ZIP **MAHWAH NJ 07430**

TITLE **KATHLEEN GUINNESSSEY** ☐ Change ☒ Addition
NAME **KATHLEEN GUINNESSSEY**
STREET ADDRESS **933 MacARTHUR BLVD., MAHWAH, NJ 07430**
CITY-ST-ZIP **933 MacARTHUR BLVD., MAHWAH, NJ 07430**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN GUINNESSSEY

APR 18 2000

(201) 934-2000

Date

Daytime Phone #