

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2000 8:00 am**  
**Secretary of State**

02-18-2000 90042 001 \*\*\*900.00

**DOCUMENT # J41528**

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

8914



DO NOT WRITE IN THIS SPACE

Principal Place of Business KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK. NY 11042	Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK. NY 11042-0020
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **11-2845539**  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**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COOPER, MILTON</b>
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KIMMEL, MARTIN</b>
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>FLYNN, MIKE</b>
STREET ADDRESS	<b>3333 NEW HYDE PARK RD., P.O BOX 5020</b>
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>WEISS, ALEX</b>
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>PAPPAGALLO, MIKE</b>
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>KAUDERER, BRUCE</b>
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: Mike Pappagallo **QUIRE** Mike Pappagallo 2/1/00 (516)869-7238  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)