

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90058 007 \*\*\*150.00

05/18/01

**DOCUMENT # L09044**

1. Entity Name

**KIMCO DEVELOPMENT OF MCINTOSH SARASOTA, INC.**

Principal Place of Business

Mailing Address

**KIMCO REALTY CORP.  
 P.O. BOX 5020  
 NEW HYDE PARK NY 11042-0020**

**KIMCO REALTY CORP.  
 P.O. BOX 5020  
 NEW HYDE PARK NY 11042-0020**

2. Principal Place of Business

**3333 New Hyde Park Rd.**

3. Mailing Address

..

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

..

City & State

**New Hyde Park, NY**

City & State

..

Zip

**11042**

Country

**US**

Zip

..

Country

..

4. FEI Number

**11-2981378**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	COOPER, MILTON	3333 NEW HYDE PARK RD. STE. 100	NEW HYDE PARK NY 11042	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KIMMEL, MARTIN	3333 NEW HYDE PARK RD. STE. 100	NEW HYDE PARK NY 11042	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	FLYNN, MIKE	3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY 11042	<input type="checkbox"/>	V	Yarmak, Joel I.	← same		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	WEISS, ALEX	3333 NEW HYDE PK. RD. STE. 100	NEW HYDE PARK NY 11042	<input checked="" type="checkbox"/>	T	Cohen, Glenn	← same		Change	<input checked="" type="checkbox"/>
T	PAPPAGALLO, MIKE	3333 NEW HYDE PARK RD SUITE 100	NEW HYDE PARK NY 11042	<input type="checkbox"/>	VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	KAUDERER, BRUCE	3333 NEW HYDE PK. RD. STE. 100	NEW HYDE PARK NY 11042	<input type="checkbox"/>	DS				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: Joel I. Yarmak Date: 4/26/01 Daytime Phone #: (516) 869-9000

CR2E034 (10/00)