

SFLS0378/  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90078 013 \*\*\*150.00

0576261 AT

**DOCUMENT # L09044**

1. Entity Name  
**KIMCO DEVELOPMENT OF MCINTOSH SARASOTA, INC.**

Principal Place of Business <b>3333 NEW HYDE PARK RD SUITE 100          NEW HYDE PARK NY 11042-0020</b>	Mailing Address <b>KIMCO REALTY CORP.          P.O. BOX 5020          NEW HYDE PARK NY 11042-0020</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>11-2981378</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>				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 \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COOPER, MILTON</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PARK RD. STE. 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KIMMEL, MARTIN</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PARK RD. STE. 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>			CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FLYNN, MIKE</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>YARMAK, JOEL I</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. STE. 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>			CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAPPAGALLO, MIKE</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PARK RD SUITE 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>			CITY-ST-ZIP			
TITLE	<b>DS</b>	<input type="checkbox"/> Delete		TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAUDERER, BRUCE</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. STE. 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>			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:** Joel I Yarmak 2/4/02 516 869 9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)