SFLT0317 - BCCSVSCDO

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036356

1. Entity Name*

KIMCO GOVERNORS MARKETPLACE 317, INC.   ✓

0576247   AT

Principal Place of Business	Mailing Address
3333 NEW HYDE PARK RD.	3333 NEW HYDE PARK RD.
NEW HYDE PARK NY 11042-0020	NEW HYDE PARK NY 11042-0020

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100		
City & State	City & State	4. FEI Number 58-2548174	Applied For / Not Applicable
Zip	Country	Zip	Country	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 RD. PLANTATION FL 33324	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, 2002 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

CR2E034 (9/01) (10)

TITLE D		☐ Delete	TITLE	☐ Change	☐ Addition
NAME COOPER, MILTON			NAME		
STREET ADDRESS 3333 NEW HYDE PARK RD.			STREET ADDRESS		
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020			CITY-ST-ZIP		
TITLE D		☐ Delete	TITLE	☐ Change	☐ Addition
NAME KIMMEL, MARTIN S			NAME		
STREET ADDRESS 3333 NEW HYDE PARK RD.			STREET ADDRESS		
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020			CITY-ST-ZIP		
TITLE D		☐ Delete	TITLE	☐ Change	☐ Addition
NAME FLYNN, MICHAEL J			NAME		
STREET ADDRESS 3333 NEW HYDE PARK RD.			STREET ADDRESS		
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME Yarmak Joel I		
STREET ADDRESS			STREET ADDRESS 3333 new Hyde Park Rd		
CITY-ST-ZIP			CITY-ST-ZIP new Hyde Park ny 11042		
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME Pappagallo Michael		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP Same		
TITLE		☐ Delete	TITLE S	☐ Change	☒ Addition
NAME			NAME Kauderer, Bruce		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP Same		

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 2/24/02 5168690 ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #