

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074596

1. Entity Name
KIMCO SARASOTA 378, INC.



Principal Place of Business
3333 NEW HYDE PARK RD
SUITE 100
NEW HYDE PARK NY 11042

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90125 029 ***150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0531169

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME KIMMEL, MARTIN S
STREET ADDRESS 3333 HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020

TITLE UP ☐ Change ☒ Addition
NAME Michael schindler
STREET ADDRESS E SAME ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COOPER, MILTON
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020

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

TITLE P ☐ Delete
NAME FLYNN, MIKE
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY

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

TITLE V ☐ Delete
NAME PAPPAGALLO, MIKE
STREET ADDRESS 3333 HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020

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

TITLE S ☐ Delete
NAME KAUDERER, BRUCE
STREET ADDRESS 3333 HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020

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

TITLE V ☐ Delete
NAME YARMAK, JOEL I
STREET ADDRESS 3333 HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-78-03

56869988

CP2E034 (10/02)