

# 2000 UNIFORM BUSINESS REPORT (UBR)

000663

DOCUMENT # P95000089617

1. Entity Name

KIMCO ALTAMONTE SPRINGS 636, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 17 AM 9:30

Principal Place of Business

Mailing Address

3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK NY 11042

POST OFFICE BOX 5020  
NEW HYDE PARK NY 11042-0020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0642321

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.

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS KIMMEL, MARTIN S  
CITY-ST-ZIP 3333 NEW HYDE PARK ROAD, SUITE 100  
NEW HYDE PARK NY 11042

TITLE ☐ Change ☐ Addition  
NAME 000003144790--7  
STREET ADDRESS -02/23/00--01064--004  
CITY-ST-ZIP \*\*\*2476.25 \*\*\*\*150.00

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COOPER, MILTON  
CITY-ST-ZIP 3333 NEW HYDE PARK ROAD, SUITE 100  
NEW HYDE PARK NY 11042

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS FLYNN, MIKE  
CITY-ST-ZIP 3333 NEW HYDE PARK ROAD  
NEW HYDE PARK NY 11042

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS PAPPAGALLO, MIKE  
CITY-ST-ZIP 3333 NEW HYDE PK. RD.  
NEW HYDE PK. NY 11042

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS WEISS, ALEX  
CITY-ST-ZIP 3333 NEW HYDE PK. RD.  
NEW HYDE PK. NY 11042

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KAUDERER, BRUCE  
CITY-ST-ZIP 3333 NEW HYDE PK. RD.  
NEW HYDE PK. RD. NY 11042

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)