

2000 UNIFORM BUSINESS REPORT (UBR)

0588327

DOCUMENT # P97000042344
 1. Entity Name
KIMCO OCALA 665, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 17 AM 9:31

Principal Place of Business Mailing Address
3333 NEW HYPE PARK ROAD SUITE 100 NEW HYDE PARK FL 11042-0020 **3333 NEW HYPE PARK ROAD SUITE 100 NEW HYDE PARK FL 11042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **58-2317767** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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)
 Signature, typed or printed name of registered agent and title if applicable. 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	
TITLE D COPPER, MILTON STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete
TITLE CFO PAPPAGALLO, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete
TITLE D KAUDERER, BRUCE STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete
TITLE VP WEISS, ALEX STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete
TITLE P FLYNN, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003144780-8 -02/23/00-01064-004 ***2476.25 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mike Pappagallo **Mike Pappagallo** 2/7/00 (516) 869-7238
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)