

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90058 006 \*\*\*150.00

UBR450

**DOCUMENT # P97000042344**

1. Entity Name  
**KIMCO OCALA 665, INC.**

Principal Place of Business <b>3333 NEW HYPE PARK ROAD          SUITE 100          NEW HYDE PARK FL 11042-0020</b>	Mailing Address <b>3333 NEW HYPE PARK ROAD          SUITE 100          NEW HYDE PARK FL 11042-0020</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **58-2317767**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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)      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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D COPPER, MILTON 3333 NEW HYDE PARK RD NEW HYDE PARK NY 11042</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>CFO PAPPAGALLO, MIKE 3333 NEW HYDE PARK RD NEW HYDE PARK NY 11042</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D. KAUDERER, BRUCE 3333 NEW HYDE PARK RD NEW HYDE PARK NY 11042</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>S</b>
<input checked="" type="checkbox"/> Delete	<b>VP WEISS, ALEX 3333 NEW HYDE PARK RD NEW HYDE PARK NY 11042</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>T Cohen, Glenn Same</b>
<input type="checkbox"/> Delete	<b>P FLYNN, MIKE 3333 NEW HYDE PARK RD NEW HYDE PARK NY 11042</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>V Yarmak, Joel I. Same</b>
<input type="checkbox"/> Delete		<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: Joel I. Yarmak      Date: 4/26/01      Daytime Phone #: (516) 869-9000

CR2E034 (10/00)