

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


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

0618166
AT

05-01-2003 90340 020 ***150.00

DOCUMENT # P98000097545

1. Entity Name
KIMCO TALLAHASSEE 715, INC.



Principal Place of Business
**3333 NEW HYDE PARK RD.
STE 100
NEW HYDE PARK NY 11042**

Mailing Address
**3333 NEW HYDE PARK RD.
STE 100
NEW HYDE PARK NY 11042**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3551945**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PARK RD.	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIMMEL, MARTIN S	
STREET ADDRESS	3333 NEW HYDE PARK RD.	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, MICHAEL J	
STREET ADDRESS	3333 NEW HYDE PARK RD.	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	PAPPAGALLO, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O. BOX 5020	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	V	<input type="checkbox"/> Delete
NAME	YARMAK, JOEL I	
STREET ADDRESS	3333 NEW HYDE PARK RD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, GLENN	
STREET ADDRESS	3333 NEW HYDE PARK RD	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Schindler	
STREET ADDRESS	same address	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** **4-29-03** **36869000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)