2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P9900078114 1. Entity Name CARROLLWOOD COMMONS OUTPARCEL CORP. Principal Place of Business Mailing Address						FILED SECRETARY OF STATE MYISTON OF CORPORATIONS				
						00 FEB 1	/ Aff	9:31		
333 NEW HYDE PARK RD. EW HYDE NY 11042-0020		3333 NEW HYDE PARK RD. NEW HYDE NY 11042-1205								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS 9	SPACE		
City & State	е	City & State			4.	FEI Number		نسواست المساوات	plied For	
Zip Country		Zip Cour		itry	5. Certificate of Status Desired			\$8.75 Add	litional	
	6. Name and Address of Current Re	gistered Agent	l		7. 1	Name and Address of New Re		<u> </u>		
				Name				_		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.				Street Addres	eet Address (P.O. Box Number is Not Acceptable)					
PLAN	ITATION FL 33324			City			FL	Zip Code		
	named entity submits this statement for the							l		
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payat	!!! FEE 100 Fee	will be \$550.00)	10. Election Campaign Fina Trust Fund Contribution	· -		0 May Be to Fees	
11.	OFFICERS AND DII	RECTORS	12.		·AE	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, MILTON 3333 NEW HYDE PARK RD. NEW HYDE NY 11042-0020	☐ Delete		- 1				Change	Addition	
TITLE Name Street address City-St-Zip	D Kimmel, Martin S 3333 New Hyde Park Rd. New Hyde Ny 11042-0020	□ Delete		- I		500003 -02/23 ***247	/DOO	1064~~t ****15	50.00	
TITLE NAME Street address City-St-Zip	D FLYNN, MICHAEL J 3333 NEW HYDE PARK RD. NEW HYDE NY 11042-0020	□ Deli±te						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delute			PB	2/17		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I	-			Change	Addition	
indicated of the cor	certify that the information supplied with the lon this report or supplemental report is truporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that report	my signa 'as requi	ture shall have ti	ne same i	legal effect as if made under o	atn: that i a	ım an oncer	or unector	