2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9900086260 1. Entity Name KIMCO REGENCY PLAZA 207, INC.						FILED SECKETARY OF STATE 1. VISION OF CORPORATIONS				
						00 MAR -7				
Principal Plac	e of Business	Mailing Address				5.				
3333 NEW HYDI NEW HYDE PAR	E PARK RD. RK NY 11042-0020	3333 NEW HYDE PARK RD. NEW HYDE PARK NY 11042-1205								
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. 1	58 - 249 5282			oplied For ot Applicable	
Zip Country		Zip	Cour	ntry		Certificate of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current F	lRegistered Agent		T	7. 1	Name and Address of New I				
		- -		Name						
CT-CORPORATION SYSTEM —				Street Add	ress (P.O. B	ox Number is Not Acceptable	e)			
FLAN	AIRTION FE 33324			City			FL	Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing it	ts register	red office or re	gistered ag	ent, or both, in the State of F	orida.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Register	ed Agent signature	required when re	einstating)	DATE			
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 2 Make Check Pays	2000 Fee		0.00	10. Election Campaign Fi	- ,		O May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		ΑC	DITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, MILTON 6 RED GROUND RD. OLD WESTBURY NY 11568	☐ Delete					144 3/000 176.25	1064	005	
TITLE NAME STREET ADDRESS	D KIMMEL, MARTIN S 33 E. 70TH ST.	☐ Delete		II				Change	Addition	
CITY-ST-ZIP TITLE	NEW YORK NY	☐ Delete	TITI					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FLYNN, MICHAEL J 215 OLD CHURCH RD. GREENWICH CT 06830			ME BEET ADDRESS ** ** Y-ST-ZIP	.—————————————————————————————————————					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHEENWICH OF BOOSE	☐ Delete	TITI NAF STR	LE	Ma	sh		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITI NAI STE	LE	_ 'ν ι,''	1	_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITI NAI STF	LE				☐ Change	Addition	
13. Thereby indicated of the co	certify that the information supplied with d on this report or supplemental report is proration or the receiver or trustee empo l, or on an attachment with a address, w	true and accurate and that wered to execute this repo	t my signa rt as reau	ature shall hav	e the same.	legal effect as it made under	oain: inai i ai	m an onicer	rorairector	