

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # S93632**

1. Entity Name

**KCH LAKE WORTH, INC.**

**FILED**  
**Feb 18, 2000 8:00 am**  
**Secretary of State**

02-18-2000 90042 001 \*\*\*900.00

8915



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042</b>	Mailing Address <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042-0020</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0354018</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOPER, MILTON</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PK. NY 11042</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIMMEL MARTIN</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PK NY 11042</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FLYNN, MIKE</b> <b>3333 NEW HYDE PARK RD., P.O BOX 5020</b> <b>NEW HYDE PK NY 11042</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WEISS, ALEX</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PK NY 11042</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PAPPAGALLO, MIKE</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PARK NY 11042</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAUDERER, BRUCE</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PK. NY 11042</b> <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
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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* **REQUIRED** 2/17/00 (516)869-7238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)