

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858500

1. Entity Name  
TESONE LAND COMPANY

Principal Place of Business

5374 WM FLYNN HWY  
GIBSONIA PA 15044-9650  
US

Mailing Address

5374 WM FLYNN HWY  
GIBSONIA PA 15044-9650  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TESONE, ANTHONY R  
26300 SOUTHERN PINES DRIVE  
BONITA SPRINGS FL 33923

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TESONE, ANTHONY R	
STREET ADDRESS	26300 SOUTHERN PINE DR.	
CITY-ST-ZIP	BONITA SPGS FL 33923	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEAVER, DOUGLAS	
STREET ADDRESS	5374 WM. FLYNN HIGHWAY	
CITY-ST-ZIP	GIBSONIA PA	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	TESONE, JOSEPH V	
STREET ADDRESS	5374 WM FLYNN HIGHWAY	
CITY-ST-ZIP	GIBSONIA PA 15044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

3/10/01

Date

Daytime Phone #

724-443-5925

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90054 040 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1250050

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

CR2E034 (10/00)