

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90148 012 ***150.00

DOCUMENT # P99000070525

1. Entity Name
AJA TUSCANY GROUP, INC.

Principal Place of Business 166 NORTH A1A PONTE VEDRA BEACH FL 32802	Mailing Address 166 NORTH A1A PONTE VEDRA BEACH FL 32802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3588984**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD A. CAPLAN, ATTORNEY P.A.
 3900 ATLANTIC BLVD
 JACKSONVILLE FL 32207**

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 *HOWARD A. CAPLAN* 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, SHIRLEY	
STREET ADDRESS	24304 MARSHLANDING PKWY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32080	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, ALLEN H	
STREET ADDRESS	24304 MARSH LANDING PKWY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CSARZAR, ANDREA	
STREET ADDRESS	1233 QUEENS HARBOR BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDER, JEFFERSON P	
STREET ADDRESS	74 MERLAN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUSTIN, GREG	
STREET ADDRESS	122 CRISP DRIVE	
CITY-ST-ZIP	AMERICUS GA 31709	
TITLE		<input type="checkbox"/> Delete
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 recipient of a 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: *Allen H. Goldstein* **3/15/02 904 280-0163**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)