

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713981

1. Entity Name

Tuscany of Palm Beach, Inc

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90099 038 \*\*\*\*61.25

Principal Place of Business  
3570 S. Ocean Blvd  
Management Office  
Palm Beach FL 33480

Mailing Address  
Tuscany of Palm Beach  
3570 S. Ocean Blvd  
ATTN: Betty Weber  
Palm Beach, FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1265264

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Weber, Mary E  
3570 S. Ocean Blvd - office  
S. Palm Beach FL 33480

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Isolini, Richard J  
3570 S. Ocean Blvd #600  
SPB FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Kalen Marshall  
3570 S. Ocean Blvd #803  
SPB FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Fink, Babette  
3570 S. Ocean Blvd #303  
SPB FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Graw, Ingmar  
3570 S. Ocean Blvd #503  
SPB FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Caynes, Samuel  
3570 S. Ocean Blvd #400  
SPB FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Suong Elmer  
3570 S. Ocean Blvd #901  
SPB FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Geller, Joseph  
3570 S. Ocean Blvd #601  
SPB FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
Weber, Mary  
3570 S. Ocean Blvd #900  
SPB FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GOLDSMITH, ADRIAN  
3570 S. Ocean Blvd #602  
SPB FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Katzman, Marilyn  
3570 S. Ocean Blvd #601  
SPB FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Fink, Stanley  
3570 S. Ocean Blvd #500  
SPB FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 561-585-1242

Date Daytime Phone #

CR2E037 (9/99)