

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90043 023 \*\*\*\*61.25

**DOCUMENT # 713981**

1. Entity Name

**TUSCANY OF PALM BEACH, INC.**

Principal Place of Business

**3570 S OCEAN BLVD  
MANAGEMENT OFFICE  
PALM BEACH FL 33480  
US**

Mailing Address

**TUSCANY OF PALM BEACH 3570 S OCEAN BLVD  
OFFICE: ATTN: M WEBER  
PALM BEACH FL 33480  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1265264**

Applied For

Not Applicable

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

**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 PD ☐ Delete  
NAME ISOLINI, RICHARD J  
STREET ADDRESS 3570 S. OCEAN BLVD #500  
CITY-ST-ZIP S.P.B. FL 33480

TITLE D.V.P. ☐ Change ☐ Addition  
NAME SUOMO, EIMER  
STREET ADDRESS 3570 S. OCEAN BLVD. #900  
CITY-ST-ZIP S.P.B., FL 33480

TITLE DS ☐ Delete  
NAME WEBER, MARY  
STREET ADDRESS 3570 S OCEAN BLVD, #900  
CITY-ST-ZIP S.P.B. FL 33480

TITLE D ☐ Change ☒ Addition  
NAME KATZMAN, MARILYN  
STREET ADDRESS 3570 S. OCEAN BLVD. #601  
CITY-ST-ZIP S.P.B., FL 33480

TITLE D ☐ Delete  
NAME GELLER, JOSEPH  
STREET ADDRESS 3570 S OCEAN BLVD #604  
CITY-ST-ZIP S.P.B. FL 33480

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

TITLE DT ☐ Delete  
NAME GOLDSMITH, ADRIAN  
STREET ADDRESS 3570 S OCEAN BLVD #212  
CITY-ST-ZIP S.P.B. FL 33480

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

TITLE D ☐ Delete  
NAME FINK, STANLEY  
STREET ADDRESS 3570 S OCEAN BLVD #500  
CITY-ST-ZIP S PALM BEACH FL 33480

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

TITLE D ☐ Delete  
NAME Kallen, Marshall  
STREET ADDRESS 3570 S. OCEAN Blvd #803  
CITY-ST-ZIP S.P.B., FL, 33480

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-00 561 585-1242**

Date

Daytime Phone #

CR2E037 (10/00)