

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 713981**

1. Entity Name

**TUSCANY OF PALM BEACH, INC.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90069 002 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business<br><b>3570 S OCEAN BLVD<br/>MANAGEMENT OFFICE<br/>PALM BEACH FL 33480<br/>US</b> | Mailing Address<br><b>TUSCANY OF PALM BEACH 3570 S OCEAN BLVD<br/>OFFICE: ATTN: M WEBER<br/>PALM BEACH FL 33480<br/>US</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 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<br><b>59-1265264</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>WEBER, MARY E<br/>3570 S OCEAN BLVD - OFFICE<br/>S PALM BEACH FL 33480</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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<br>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 |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| <table border="1"><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ISOLINI, RICHARD J</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3570 S. OCEAN BLVD #500</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>S.P.B. FL</td><td></td></tr></table>            | TITLE   | PD  | <input type="checkbox"/> Delete            | NAME | ISOLINI, RICHARD J |  | STREET ADDRESS | 3570 S. OCEAN BLVD #500 |  | CITY-ST-ZIP | S.P.B. FL               |  | <table border="1"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Katzman, Marilyn</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3570 S. Ocean Blvd. #601</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>S. Palm Beach, FL 33480</td><td></td></tr></table> | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Katzman, Marilyn |  | STREET ADDRESS | 3570 S. Ocean Blvd. #601 |  | CITY-ST-ZIP | S. Palm Beach, FL 33480 |  |
| TITLE  | PD  | <input type="checkbox"/> Delete                                   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| NAME   | ISOLINI, RICHARD J                                    |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S. OCEAN BLVD #500                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S.P.B. FL   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| TITLE  | D   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| NAME   | Katzman, Marilyn                                      |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S. Ocean Blvd. #601                              |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S. Palm Beach, FL 33480                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| <table border="1"><tr><td>TITLE</td><td>DS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WEBER, MARY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3570 S OCEAN BLVD, #900</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>S.P.B. FL</td><td></td></tr></table>                   | TITLE   | DS  | <input type="checkbox"/> Delete            | NAME | WEBER, MARY        |  | STREET ADDRESS | 3570 S OCEAN BLVD, #900 |  | CITY-ST-ZIP | S.P.B. FL               |  | <table border="1"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>ROSS, AIAH</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3570 S. Ocean Blvd #210</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>S. Palm Beach, FL 33480</td><td></td></tr></table>        | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | ROSS, AIAH       |  | STREET ADDRESS | 3570 S. Ocean Blvd #210  |  | CITY-ST-ZIP | S. Palm Beach, FL 33480 |  |
| TITLE  | DS  | <input type="checkbox"/> Delete                                   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| NAME   | WEBER, MARY   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S OCEAN BLVD, #900                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S.P.B. FL   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| TITLE  | D   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| NAME   | ROSS, AIAH  |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S. Ocean Blvd #210                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S. Palm Beach, FL 33480                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| <table border="1"><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GELLER, JOSEPH</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3570 S OCEAN BLVD #604</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>S.P.B. FL</td><td></td></tr></table>       | TITLE   | D   | <input checked="" type="checkbox"/> Delete | NAME | GELLER, JOSEPH     |  | STREET ADDRESS | 3570 S OCEAN BLVD #604  |  | CITY-ST-ZIP | S.P.B. FL               |  | <table border="1"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Furo, Fran</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3570 S. Ocean Blvd #906</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>S. Palm Beach, FL 33480</td><td></td></tr></table>        | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Furo, Fran       |  | STREET ADDRESS | 3570 S. Ocean Blvd #906  |  | CITY-ST-ZIP | S. Palm Beach, FL 33480 |  |
| TITLE  | D   | <input checked="" type="checkbox"/> Delete                        |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| NAME   | GELLER, JOSEPH  |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S OCEAN BLVD #604                                |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S.P.B. FL   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| TITLE  | D   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| NAME   | Furo, Fran  |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S. Ocean Blvd #906                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S. Palm Beach, FL 33480                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| <table border="1"><tr><td>TITLE</td><td>DT</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GOLDSMITH, ADRIAN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3570 S OCEAN BLVD #212</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>S.P.B. FL</td><td></td></tr></table>              | TITLE   | DT  | <input type="checkbox"/> Delete            | NAME | GOLDSMITH, ADRIAN  |  | STREET ADDRESS | 3570 S OCEAN BLVD #212  |  | CITY-ST-ZIP | S.P.B. FL               |  | <table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>   | TITLE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |                  |  | STREET ADDRESS |                          |  | CITY-ST-ZIP |                         |  |
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| NAME   | GOLDSMITH, ADRIAN                                     |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S OCEAN BLVD #212                                |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S.P.B. FL   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
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| NAME   |   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   |   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  |   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
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| NAME   | FINK, STANLEY   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S OCEAN BLVD #500                                |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S PALM BEACH FL                                       |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
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| NAME   |   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   |   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  |   |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| <table border="1"><tr><td>TITLE</td><td>DVP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>Suomela, Elmer</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3570 S. Ocean Blvd #907</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>S. Palm Beach, FL 33480</td><td></td></tr></table> | TITLE   | DVP   | <input type="checkbox"/> Delete            | NAME | Suomela, Elmer     |  | STREET ADDRESS | 3570 S. Ocean Blvd #907 |  | CITY-ST-ZIP | S. Palm Beach, FL 33480 |  | <table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>   | TITLE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |                  |  | STREET ADDRESS |                          |  | CITY-ST-ZIP |                         |  |
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| NAME   | Suomela, Elmer  |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| STREET ADDRESS   | 3570 S. Ocean Blvd #907                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
| CITY-ST-ZIP  | S. Palm Beach, FL 33480                               |   |  |      |                    |  |                |                         |  |             |                         |  |   |       |   |   |      |                  |  |                |                          |  |             |                         |  |
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| 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: Mary E. Weber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-02 561-585-1242**

Date

Daytime Phone #

CR2E037 (9/01)