

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90068 042 \*\*\*150.00

**DOCUMENT # G04899**

**1. Entity Name**  
**TUNE TOWN LEESBURG, INC.**



**Principal Place of Business**  
**10401-130 HWY 441 S.**  
**LEESBURG FL 34788**  
**US**

**Mailing Address**  
**10401-130 HWY 441 S.**  
**LEESBURG FL 34788**  
**US**

**2. Principal Place of Business**

**1116 Bichara Blvd**

Suite, Apt. #, etc.

**3. Mailing Address**

**1116 Bichara Blvd**

Suite, Apt. #, etc.

**City & State**

**The Villages FL**

**City & State**

**The Villages FL**

**Zip**  
**32159**

**Country**  
**USA**

**Zip**  
**32159**

**Country**  
**USA**

**4. FEI Number**

**59-2228306**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TUNE401 347883028 1A02 23 01/05/03**  
**NOTIFY SENDER OF NEW ADDRESS**  
**:TUNE TOWN MUSIC**  
**1116 BICHARA BLVD**  
**THE VILLAGES FL 32159-7716**

**7. Name and Address of New Registered Agent**

Address (P.O. Box Number is Not Acceptable)

**FL**

Zip Code

for registered agent, or both, in the State of Florida. I am familiar with, and accept

**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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **SCHWARTZ, DAVID L.**  
**STREET ADDRESS** **05348 ROYAL OAK DR.**  
**CITY-ST-ZIP** **FRUITLAND PARK FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)