

2001 UNIFORM BUSINESS REPORT (UBR)

193

DOCUMENT # L99000007972

1. Entity Name

TUSCAN DEVELOPMENT, LLC

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5051 CASTELLO DRIVE, SUITE 224
NAPLES FL 34103

5051 CASTELLO DRIVE, SUITE 224
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0959396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, LISA H
% CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES FL 34102

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 \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MEM ☐ Delete
NAME BOURASSA, PETER
STREET ADDRESS 5051 CASTELLO DRIVE, SUITE 224
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME See Attached
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME DARER, ENRIQUE
STREET ADDRESS 5051 CASTELLO DRIVE, SUITE 224
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME See Attached
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME SCHEINHOLZ, ARTHUR
STREET ADDRESS 5051 CASTELLO DRIVE, SUITE 224
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME See Attached
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500004488595--7
STREET ADDRESS -07/20/01--01114--014
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7.13.01

Peter Bourassa

(941) 593-7373

CR2E083 (5/01)

STAPLE CHECK HERE

ada

Change of Addresses

BLOCK 9

MEM

Bourassa, Peter R.
3055 Terramar Drive
Naples, Fl. 34119

MEM

Darer, Enrique
3055 Terramar Drive
Naples, Fl. 34119

MEM

Scheinholz, Arthur
3055 Terramar Drive
Naples, Fl. 34119