

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007972

1. Entity Name
TUSCAN DEVELOPMENT, LLC

9/3/

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-03-2002 90115 018 ****50.00

Principal Place of Business
3051 CASTELLO DRIVE, SUITE 224
NAPLES FL 34103

Mailing Address
5051 CASTELLO DRIVE, SUITE 224
NAPLES FL 34103

2. Principal Place of Business
3055 TERRAMAR DR
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
NAPLES, FL
Zip 34119 Country USA

City & State
Zip Country

4. FEI Number 65-0959396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
PETER BOURASSA
Street Address (P.O. Box Number is Not Acceptable)
3055 TERRAMAR DR
City NAPLES FL Zip Code 34119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PETER BOURASSA

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 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 158.07(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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)