2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600007373 Jul 18, 2000 8:00 am Secretary of State TUSCANY VILLAGE, INC. 07-18-2000 90087 025 ***158.75 Mailing Address Principal Place of Business 235 OCALA ROAD SOUTH 235 OCALA ROAD SOUTH TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3357585 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent ----LEONI, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 235 OCALA ROAD SOUTH TALLAHASSEE FL 32304 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE LEONI, STEVEN M NAME NAME STREET ADDRESS 235 OCALA ROAD SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32304 Change ☐ Addition ST ☐ Delete TITI F TITLE LEONI. RENE N NAME NAME 1936 WILDWOOD LANE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DEERFIELD BCH FL ☐ Change ☐ Addition -TITLE Delete --TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIT) F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. I hereby certify that the information supplied with his 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an applicable. If the empowered.

SIGNATURE:

SIZIA VILLE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR DIRECTOR

7-11-00

880-580-313

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # TUSCANY VILLAGE IT, INC.				NEWER RECEIVED ZOCC FEBRIT DEGINAL IN JANUARY		
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