

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007373

1. Entity Name  
TUSCANY VILLAGE, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90087 025 \*\*\*158.75

Principal Place of Business

235 OCALA ROAD SOUTH  
TALLAHASSEE FL 32304

Mailing Address

235 OCALA ROAD SOUTH  
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3357585**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEONI, STEVEN M  
235 OCALA ROAD SOUTH  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LEONI, STEVEN M**  
CITY-ST-ZIP **235 OCALA ROAD SOUTH**  
**TALLAHASSEE FL 32304**

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **LEONI, RENE N**  
CITY-ST-ZIP **1936 WILDWOOD LANE NORTH**  
**DEERFIELD BCH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00  
Date

850-580-3131  
Daytime Phone #

CR2E034 (1/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Filing Material  
**TUSCANY VILLAGE II, INC.**

Principal Place of Business

**235 Ocala Road South  
Tallahassee, FL 32304**

Mailing Address

**PO BOX 2535  
Tallahassee, FL 32316**

2. Principal Place of Business

3. Mailing Address

City & State

City & State

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$0.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEVEN M. LEONI, PRESIDENT  
235 Ocala Road South  
Tallahassee, FL 32304**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 of President, Registered Agent, or Director

NOTE: If you are filing a statement of change of registered office or registered agent, you must also file a statement of change of registered office or registered agent.

Date

9. This corporation is eligible to satisfy its filing fee by filing requirement and elects to do so (See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution

☐

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

11. OFFICERS AND DIRECTORS

11.1	<b>PRESIDENT (D)</b>	<input type="checkbox"/> Delete
NAME	<b>STEVEN M. LEONI</b>	
STREET ADDRESS	<b>235 Ocala Road South</b>	
CITY, ST, ZIP	<b>Tallahassee, FL 32304</b>	
11.2	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RENE N LEONI</b>	
STREET ADDRESS	<b>592 VIA VERONA</b>	
CITY, ST, ZIP	<b>DADEFIELD BEACH, FL 33442</b>	
11.3		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
11.4		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
11.5		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
11.6		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12.1	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.2	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.3	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.5	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 697, Florida Statutes; and that my name appears in Block 11 or Block 12 or changed or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

(850) 580-3131

**PAID**  
**APR 27 2000**  
BY:

CR2E034 (9/99)

Attachment P76008 00737)  
BD102955  
NEVER RECEIVED 2000 REPORT  
ORIGINAL IN JANUARY

PLEASE ACCEPT AT REGULAR  
RATE —  
THANK YOU!