

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
APR 16 2003

APPROVED
AND
FILED

03 MAY -7 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000007373

1. Entity Name
TUSCANY VILLAGE, INC.

BY



Principal Place of Business
235 OCALA ROAD SOUTH
TALLAHASSEE FL 32304

Mailing Address
P.O. BOX 2535
TALLAHASSEE FL 32316-2535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3357585

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONI, STEVEN M
235 OCALA ROAD SOUTH
TALLAHASSEE FL 32304

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LEONI, RENE N
592 VIA VERONA
DEERFIELD BEACH FL 33442

☐ Delete

TITLE
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STREET ADDRESS
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900017224629
04/29/03--01005--001 **350.00

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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, with another like empowered.

SIGNATURE: STEVEN LEONI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 850-380-431
Date Daytime Phone #

CR2E034 (10/02)