

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) APPROVED

APPROVED
AND
FILED

DOCUMENT # P97000105748

1. Entity Name
TUSCANY VILLAGE II, INC.



03 MAY -7 AM 4:31

Principal Place of Business
235 Ocala Rd. South
Tallahassee FL 32304

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Approval
To Pay
50-3482262

To Pay

Applied For

Not Applicable

Zip

Country

Zip

Country

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 Rd. 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: D
LEONI, STEVEN M
STREET ADDRESS
CITY-ST-ZIP: 235 Ocala Rd. South
Tallahassee FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME: S
LEONI, RENE N
STREET ADDRESS
CITY-ST-ZIP: 592 Via Verona
Dearfield Beach FL 33442

TITLE
NAME
STREET ADDRESS
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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 all other like empowered.

SIGNATURE: STEVEN LEONI SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 850-580-3131

Date

Daytime Phone #

CR2E034 (10/02)