2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62467

1. Entity Name

TUSCANY HOMEBUILDERS, INC.

Principal Place of Business	Mailing Address
184 LAMP LIGHTER LANE PONTE VEDRA BEACH FL 32082 US	184 LAMPLIGHTER LANE PONTE VEDRA BEACH FL 32082-1942 US

2. Principal Place of Business: 13810 Sutton Park Dr. N.

Suite, Apt. #, etc. Apt # 1111

City & State: Jacksonville, FL

Zip: 32224   Country: USA

3. Mailing Address: 13810 Sutton Park Dr. N.

Suite, Apt. #, etc. Apt # 1111

City & State: Jacksonville, FL

Zip: 32224   Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3142218

☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMBACH, KATHY R
184 LAMP LIGHTER LANE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name: Ambach, Kathy R.

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

13810 Sutton Park Dr. N., Apt # 1111

City: Jacksonville   FL   Zip Code: 32224

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 $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		**12.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBACH, KATHY R 184 LAMP LIGHTER LANE PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13810 Sutton Park Dr. N., Apt # 1111 Jacksonville, FL 32224	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _Kathy R Ambach_   4/3/00   (904) 821-5580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #