

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V62467**

1. Entity Name

TUSCANY HOMEBUILDERS, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90054 011 ***150.00

Principal Place of Business

**13810 SUTTON PARK DR. N.
APT 1111
JACKSONVILLE FL 32224
US**

Mailing Address

**13810 SUTTON PARK DR. N.
APT 1111
JACKSONVILLE FL 32224
US**

2. Principal Place of Business

12750 Marsh Cove Dr. S.
Suite, Apt. #, etc.

3. Mailing Address

12750 Marsh Cove Dr. S.
Suite, Apt. #, etc.

C0045440



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number **59-3142218**

Applied For

Not Applicable

Zip

32224

Country

USA

Zip

32224

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMBACH, KATHY R
13810 SUTTON PARK DR N. APT 1111
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name

Ambach, Kathy R.

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

12750 Marsh Cove Drive S.

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, 2001 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

TITLE **D** ☐ Delete
NAME **AMBACH, KATHY R**
STREET ADDRESS **13810 SUTTON PARK DR N. APT1111**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **12750 Marsh Cove Dr. S.**
CITY-ST-ZIP **Jacksonville, FL 32224**

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

TITLE ☐ Change ☐ Addition
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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:

Kathy R. Ambach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01 (904) 821-5580

Date

Daytime Phone #

CR2E034 (10/00)

0018085