

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001919

1. Entity Name  
WINDWARD MALL, INC.

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**  
01-11-2002 90005 018 \*\*\*150.00

0356025 AV

Principal Place of Business Mailing Address  
ATTN: CHARLES W CORBITT ATTN: CHARLES W CORBITT  
100 LAKESHORE DR #952 100 LAKESHORE DR #952  
N PALM BEACH FL 33408 N PALM BEACH FL 33408



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 94-2681344 Applied For Not Applicable

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

NORRIS, DAVID B P.A.  
712 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408

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 \$150.00**  
**After May 1, 2002 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 CP  
NAME BAIRD, DONALD T  
STREET ADDRESS 220 MONTGOMERY ST #1028  
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ Delete

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

TITLE D  
NAME CORBITT, CHARLES W  
STREET ADDRESS 100 LAKESHORE DR #952  
CITY-ST-ZIP N PALM BEACH FL 33408 ☐ Delete

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

TITLE D  
NAME MURPHY, TIMOTHY J  
STREET ADDRESS 129 EBELEN  
CITY-ST-ZIP LOS GATOS CA 95030 ☐ Delete

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

TITLE ST  
NAME CORSETTI, MICHAEL E  
STREET ADDRESS 309 SONORA DRIVE  
CITY-ST-ZIP SAN MATEO CA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Charles W. Corbett* REQUIRE SIGNATURE OF DIRECTOR DATE 1/4/2002 561 622 645

CR2E034 (9/01)