

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004292

1. Entity Name  
**LEEWARD SOUND CORPORATION**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90113 041 \*\*\*150.00

Principal Place of Business

**C/O ROBERT SAMONCE**  
**800 LAUREL OAK DRIVE, SUITE 300**  
**NAPLES FL 34108**  
**US**

Mailing Address

**C/O ROBERT SAMONCE**  
**800 LAUREL OAK DRIVE, SUITE 300**  
**NAPLES FL 34108**  
**US**

2. Principal Place of Business

*c/o Robert Samonce*  
Suite, Apt. #, etc.

3. Mailing Address

*c/o Robert Samonce*  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>98-0132408</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMONCE, ROBERT C**  
**SWALM, MURRELL & SAMONCE, P.A.**  
**800 LAUREL OAK DRIVE, SUITE 300**  
**NAPLES FL 34108**

Name *Samonce, Robert C.*  
Street Address (P.O. Box Number is Not Acceptable)  
*Samonce, Murrell & Francesean, P.A.*  
*800 Laurel Oak Drive, Suite 300*  
City *Naples* FL Zip Code *34108*

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]* DATE *1/18/01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LUDWIG, GERTRAUD 350 5TH AVE. SOUTH, SUITE 200 NAPLES FL 33942 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, EMMA 350 5TH AVE. SOUTH, SUITE 200 NAPLES FL 33942 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Date *Jan. 18.01* Daytime Phone #

CR2E034 (10/00)