

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90091 005 \*\*\*150.00

0500288 AV

**DOCUMENT # F93000004292**

1. Entity Name

**LEEWARD SOUND CORPORATION**

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 Samouce, Murrell & Francoeur, P.A.*  
*Suite, Apt. #, etc.*  
*800 Laurel Oak Drive, Suite 300*

3. Mailing Address

*C/O Samouce, Murrell & Francoeur, P.A.*  
*Suite, Apt. #, etc.*  
*800 Laurel Oak Drive, Suite 300*

DO NOT WRITE IN THIS SPACE

City & State

*Naples, FL*

City & State

*Naples, FL*

4. FEI Number

**98-0132408**

Applied For

Not Applicable

Zip

*34108*

Country

*US*

Zip

*34108*

Country

*US*

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
*Samouce, Murrell & Francoeur, P.A.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*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

*Robert C. Samouce*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/12/02*

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PS**  
**LUDWIG, GERTRAUD**  
**350 5TH AVE. SOUTH, SUITE 200**  
**NAPLES FL 33942** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**ADLER, EMMA**  
**350 5TH AVE. SOUTH, SUITE 200**  
**NAPLES FL 33942** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
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 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:

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

*Ludwig 2-Feb-02* **LUDWIG**  
 Date  
 774 6211

CR2E034 (9/01)