

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

0120098  
AT

**DOCUMENT # P02000097603**

1. Entity Name  
**LEEWARD PARTNERS, INC.**



Principal Place of Business  
**411 WALNUT ST #1537  
GREEN COVE SPRINGS FL 32043**

Mailing Address  
**411 WALNUT ST #1537  
GREEN COVE SPRINGS FL 32043**



CHECK HERE IF MAKING CHANGES

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 <b>02-0642679</b>	Applied For <input type="checkbox"/> Not Applicable
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	
<b>JONES, RICHARD K 501 W BAY ST JACKSONVILLE FL 32202</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE <b>JOHN A. HARRIS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOHN A. HARRIS</b>		NAME <b>JOHN A. HARRIS</b>		NAME <b>JOHN A. HARRIS</b>		NAME <b>KATHLEEN M. HARRIS</b>	
STREET ADDRESS <b>411 WALNUT ST #1537</b>		STREET ADDRESS <b>411 WALNUT ST #1537</b>		STREET ADDRESS <b>411 WALNUT ST #1537</b>		STREET ADDRESS <b>411 WALNUT ST #1537</b>	
CITY-ST-ZIP <b>GREEN COVE SPRINGS, FL 32043</b>		CITY-ST-ZIP <b>GREEN COVE SPRINGS, FL 32043</b>		CITY-ST-ZIP <b>GREEN COVE SPRINGS, FL 32043</b>		CITY-ST-ZIP <b>GREEN COVE SPRINGS, FL 32043</b>	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KATHLEEN M. HARRIS</b>		NAME		NAME		NAME	
STREET ADDRESS <b>411 WALNUT ST #1537</b>		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP <b>GREEN COVE SPRINGS, FL 32043</b>		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. HARRIS **SIGNATURE REQUIRED** 9/2/03 904-629-3060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

*Attachment*

*leeward partners, inc.*  
411 Walnut St. #1537  
Green Cove Springs, Florida 32043  
(904) 629-3060

90155000  
# 107000097603

August 28, 2003

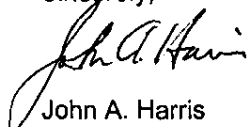
Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

We apologize for the late response regarding this report. We did not receive the prior notice.

Steps have been taken to place it on our corporate calendar for timely future filings.

Enclosed is our \$150 filing fee.

Sincerely,

  
John A. Harris  
President

Enc.