

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001009

1. Entity Name

WINDWARD SAILING CORP., INC.

Principal Place of Business

1765 COURTYARD WAY, UNIT C203
NAPLES FL 34112

Mailing Address

1765 COURTYARD WAY, UNIT C203
NAPLES FL 34112-9307

2. Principal Place of Business

600 South Collier Blvd.
Suite, Apt. #, etc.

3. Mailing Address

3605 Boca Ciega Dr.
Suite, Apt. #, etc.
#108

City & State

MARCO Island, FL

City & State

NAPLES, FL

Zip

34145

Country

USA

Zip

34112

Country

USA

6. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM F
1765 COURTYARD WAY
UNIT C203
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name: Brady W. Sullivan
Street Address (P.O. Box Number is Not Acceptable): 3605 Boca Ciega Dr, #108
City: Naples FL Zip Code: 34112

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

Brady W. Sullivan Brady W. Sullivan

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, 2000 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: P
NAME: SULLIVAN, BRADY W
STREET ADDRESS: 1765 COURTYARD WAY UNIT C203
CITY-ST-ZIP: NAPLES FL 34112



TITLE: TS
NAME: SULLIVAN, WILLIAM F
STREET ADDRESS: 1765 COURTYARD WAY UNIT C203
CITY-ST-ZIP: NAPLES FL 34112



TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:



TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:



TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

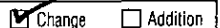


TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

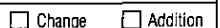


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

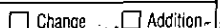
TITLE: P
NAME: Sullivan, Brady W
STREET ADDRESS: 3605 Boca Ciega Dr #108
CITY-ST-ZIP: Naples, FL 34112



TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:



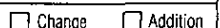
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:



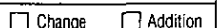
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:



TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:



TITLE:
NAME:
STREET ADDRESS:
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:

Brady W. Sullivan **NOT REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000
Date

941-793-2896
Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90047 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)