

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P96000008042  
 1. Entity Name  
**GOODLETTE, COLEMAN & JOHNSON, P.A.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4001 Tamiami Trail North**  
 Suite, Apt. #, etc.  
**Suite 300**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

DO NOT WRITE IN THIS SPACE

City & State  
**Naples, FL**

4. FEI Number **65-0636223**

Applied For  
 Not Applicable

Zip  
**34103**

Country

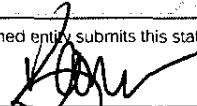
Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name  
**Kevin G. Coleman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4001 Tamiami Trail North**  
**Suite 300**  
 City **Naples** **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  **Kevin G. Coleman** **January 23, 2002**  
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)

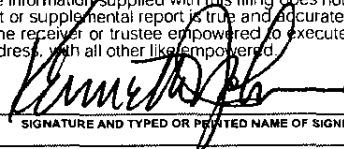
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	<b>GOODLETTE, J. DUDLEY</b>	NAME	
STREET ADDRESS	<b>4001 Tamiami Trail North, #300, Naples, FL</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>34103</b>	CITY - ST - ZIP	<b>34103</b>
TITLE	D/V/S	TITLE	
NAME	<b>COLEMAN, KEVIN G.</b>	NAME	
STREET ADDRESS	<b>4001 Tamiami Trail North, #300, Naples, FL</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>34103</b>	CITY - ST - ZIP	<b>34103</b>
TITLE	D/P/T	TITLE	
NAME	<b>JOHNSON, KENNETH R.</b>	NAME	
STREET ADDRESS	<b>4001 Tamiami Trail North, #300, Naples, FL</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>34103</b>	CITY - ST - ZIP	<b>34103</b>
TITLE	D/V	TITLE	
NAME	<b>YOVANOVICH, RICHARD D.</b>	NAME	
STREET ADDRESS	<b>4001 Tamiami Trail North, #300, Naples, FL</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>34103</b>	CITY - ST - ZIP	<b>34103</b>
TITLE	D/V	TITLE	
NAME	<b>CUYLER, KENNETH B.</b>	NAME	
STREET ADDRESS	<b>4001 Tamiami Trail North, #300, Naples, FL</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>34103</b>	CITY - ST - ZIP	<b>34103</b>
TITLE	D/V	TITLE	
NAME	<b>WEBRE, HAROLD J.</b>	NAME	
STREET ADDRESS	<b>4001 Tamiami Trail North, #300, Naples, FL</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>34103</b>	CITY - ST - ZIP	<b>34103</b>

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Kenneth R. Johnson** **January 23, 2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2/01)