

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91287 035 \*\*\*150.00

**A0067716**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 673751</b>			
1. Entity Name <i>Goodland Isles, Inc.</i>			
Principal Place of Business <i>1918 Harrison St Ste 114 Hollywood, FL 33020 US</i>		Mailing Address <i>PO Box 248 Hallandale, FL 33008-0248 US</i>	
2. Principal Place of Business <i>655 Center Rd</i>		3. Mailing Address <i>655 Center Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Frankfort IL</i>		City & State <i>Frankfort, IL</i>	
Zip <i>60423</i>	Country <i>US</i>	Zip <i>60423</i>	Country <i>US</i>
4. FEI Number <i>59-2782420</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>Schwind George 500 Australian Avenue Suite 600 West Palm Beach, FL 33401</i>		7. Name and Address of New Registered Agent Name <i>Barbara A. Crouch</i> Street Address (P.O. Box Number is Not Acceptable) _____ <i>629 E. Palm Ave</i> City <i>Goodland</i> FL Zip Code <i>34140</i>	
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 <i>Barbara A. Crouch</i> <i>Barbara A. Crouch Secretary</i> <i>4-25-01</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<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"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Curcio, Nadine 1918 Harrison St. Suite 114 Hollywood, FL 33020</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Bruce M. Rackowski 833 Schoolhouse Rd New Lenox, IL 60451</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD Curcio, Joseph E. 676 Palm Court Goodland, FL 34140</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V Terrence P. Ruettiger 2907 Gifford Place New Lenox, IL 60451</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD Curcio, Rose Mary 1970 South Park Road Pembroke Park, FL</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S Barbara A. Crouch 833 Schoolhouse Rd New Lenox, IL 60451</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Hill, Michael W 900 E. Atlantic Ave #13 Delray Beach, FL</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Michael Kelly 32 Birchwood Dr. Palms Park, FL 34104</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STD Patsey E. Mahanesh 1918 Harrison St. Suite 114 Hollywood, FL 33020</i> <input checked="" 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	<i>D England, Connie 1326 Lake Crest Dr. Norman, OK</i> <input checked="" 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 *Barbara A. Crouch* *Barbara A. Crouch Secretary* *4-25-01* *708-799-4640*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)