AMENDED REPORT

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	SS REPORT	(UI	BR)				-11 5	ED PM 3: 1 V OF STA			
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1. Entity Name GOODWTLL	INDUSTRIES OF SW 1	FLORIDA, INC.					ะกรโ)CT -2	b4 2.	TF.		
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D (O NOT WRITE	IN THIS SP	AC	E					3507:			
2. Principal Place 4940 BAY	e of Business LINE DRIVE	3. Mailing Address 4940 BAYLINE	DRI'	VE		10.	/02/1	<u> </u>	19001	**61	. 25	
Suite, Apt. #, e	e(c.	Suite, Apt. #, etc.						DO NOT WR	ITE IN THIS SP	ACE		
City & State N. FORT	MYERS, FL	City & State N. FORT MYERS	. F	 L		4. FEI Num 59-	nber 6196	141		<u> </u>	plied For Applicable]
33917	Country US	3 ^Z /917	Cou			*** **********************************		atus Desired		8.75 Addi	itional	-
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	IN THIS SP		-	49	40 B	AYLINE	DRI	VE		·		
3.				City NO	RTH	FORT M	YERS		FL	Zip Cogo	 3917	
	med entity submits this statement for sof registered agent.		gistere							l		
The obligations	- Inorma	S L. FEURIG BAYLINE DRIVE,	NOR'	TH FOR	RT MY	ERS, F	L 33	917				
SIGNATURE Sign	nature, typed or printed name of registered igent as	d title if applicable. (NOTE: F	Registered	d Agent signatur	re required	when reinstating)			DATE			
Îni	FEE IS \$61.25 itial or Amended UBR	9. Election Camp Trust Fund Cor	_			\$5.00 May Added to Fee			ake Check I ida Departn	•	4 7 ,	} !
10.	OFFICERS AND DIRE	CTORS				7 727 	<u></u>					2
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STREET ADDRESS CITY-ST-ZIP	1772 CORAL WAY, N.	FT. MYERS, FL	•	ET ADDRESS - ST - ZIP	,		,					CR2E037B (12/02
į.	VCD PACK, JUDGE R. WALI		TITLE • NAME									CRZE
STREET ADDRESS	1700 MONROE STREET	, 4th FLOOR		FT ADDRESS -ST-ZIP				•				
TITLE	FORT MYERS, FL 3390 FEURIG, THOMAS L.) 	TITLE NAMÊ	⇒ / •	A 4 5	elas a	· · · · · ·	ം, തുന്നി				
STREET ADDRESS	4940 BAYLINE DRIVE		STREE	ET ADDRESS ST-ZIP	-	Г	00	NOT	WRIT	F		
TITLE	NORTH FORT MYERS, 1 D/	FL_33917	TITLE			···-			SPAC	· · · · · · · · · · · · · · · · · · ·		
	HARTMAN, BARBARA	#100 Em Movedo		T ADDRESS		3 .1		1110		-		
717) C	4586 TRAWLER CT., i	*102, FfL, M3391	THILE	-ST-ZIP								
NAME STREET ADDRESS	ADAMS, DANIEL		NAME			•	v					
CITY-ST-ZIP	1925 CLIFFORD ST.,	APT. 1401, FT.	MX.	ERS, F	L					T-N		
NAME	CD MANN, GEORGE T., J		NAME			*			•			
STREET ADDRESS CITY-ST-ZIP	1453 SANDRA DRIVE,	FT. MYERS, FL	CITY-	ST-ZIP						a *		
indicated on t of the corpora	fy that the information supplied with the this report or supplemental report is the traceiver or trustee empore it an address with all other like empore it an address with all other like empore it is an address.	rue and accurate and that my wered to execute this report a	signati	ure shall ha	ive the s	ame legal eff	ect as if	made under	oath; that I am	an officer of	or director	
SIGNATU	RE:	NTED NAME OF SIGNING OFFICER OR	DIRECTO	OR			[Date	Davti	me Phone #		

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSINE	SS REPORT	(UBR)			
DOCU 1. Entity Nam	MENT #					
	DO NOT WRITE	IN THIS SP	ACE			
2. Principal P	Place of Business	3. Mailing Address		-		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			OO NOT WRITE IN THIS SE	PACE
City & Stat	te	City & State		4. FEI Number		Applied For
Zip	Country	Zip	Country		- · · · · · · · · · · ·	Not Applicable 8.75 Additional
				5. Certificate of Stat	es Desired LJ F	ee Required
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	DO NOT WE	RITE	Street Address	s (P.O. Box Number is No	ot Acceptable)	
	IN THIS SPA	ACE	:			
			City	<u> </u>	FL	Zip Code
	e named entity submits this statement for t	he purpose of changing its re	gistered office or regist	ered agent, or both, in the		niliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRE	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Florida Departr	
TITLE	D OF FIGURE AND DIME	CTORIS	TITLE			
NAME STREET ADDRESS	ARNALL, DR. ROBERT		NAME STREET-ADDRESS			
CITY-ST-ZIP	1324 LONGWOOD DRIVE	, FT. MYERS, FI - 33919 -	CITY-ST-ZIP		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRETT, WILLIAM J. 1502-100 ROYAL PALM FORT MYERS, FL 3391	SQUARE BLVD.	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	D		NAME	waa aa	er populary of the	and the second
STREET ADDRESS CITY-ST-ZIP	CLARK, THOMAS P. 15950 SHAMROCK RD.,	FT. MYERS, FL	STREET ADDRESS CITY-ST-ZIP	DO I	NOT WRIT	Έ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVEREAUX, JEAN 1435 SW 34th STREET CAPE CORAL, FL 3390	33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN T	HIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, RAYMOND 1400 N. 15th STREET	, IMMOKALEE, FI	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDANIEL, WILLIAM L 7000 BIG ISLAND RAN NAPLES, FL 34120		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empoyent with an address, with all other like emp	ue and accurate and that my vered to execute this report a	signature shall have the	same legal effect as if r	nade under oath; that I am	an officer or director

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

÷					
DO NOT WRITI	E IN THIS SP	PACE			
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			O NOT WRITE IN THIS SF	PACE
City & State	City & State		4. FEI Number		Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of State		8.75 Additional
19 V. a. a. a. a. St. Turne & Santa & W. S. a. a. a. a. a. a.		Name	7. Name and Address	s of Current Registered	· · · · · · · · · · · · · · · · · · ·
DO NOT W	VRITE	Street Addres	s (P.O. Box Number is No	t Acceptable)	. •
IN THIS SI	PACE		<u> </u>		
\$		City		FL	Zip Code
FEE IS \$61.25	9. Election Cam	, ,,)·		
Initial or Amended UBR	Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Florida Departr	-
Initial or Amended UBR 10. OFFICERS AND D TITLE NAME STREET ADDRESS CITY-ST-ZIP 1387 WALES DRIVE,	Trust Fund Co				-
10. OFFICERS AND D NAME SIRRET ADDRESS CITY-ST-ZIP D: TOTAL D: TOTAL DOTTORF, RAY V. 950 AQUA LANE, FT.	Trust Fund Co	TITLE NAME STREET ADDRESS			-
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Daytime Phone #

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	MENT#			A SUPPLIE		
	DO NOT WRITE	IN THIS S	PACE			
2. Principal F	Place of Business	3. Mailing Address		-		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , ,		O NOT WRITE IN THIS SP	PACE
City & Star	de	City & State		4. FEI Number		Applied For
Zip	Country	Zip	Country	5. Certificate of State		Not Applicable 8.75 Additional ee Required
		<u> </u>		7. Name and Address	s of Current Registered	
t go standar in	DO NOT W	······································	Name			
	DO NOT W		Street Addres	s (P.O. Box Number is No	t Acceptable)	
	IN THIS SP	ACE	C1-		300L 030	7: 0-4-
			City		FL_	Zip Code
10,	FEE IS \$61.25 Initial or Amended UBR	Trust Fund	empaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departr	•
TITLE	VP	ECTOMS	TITLE			
name Street address	CRAVER, CARLA		NAME STREET ADDRESS			
CITY-ST-ZIP	4940 BAYLINE DRIVE NORTH FORT MYERS, I	' 1 33917	CITY-ST-ZIP			
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CITY-ST-ZIP	NORTH FORT MYERS, F	L 33917	CITY-ST-ZIP		NOT WRIT	
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TITLE		33917	TITLE			
NAME Street address	,		NAME STREET ADDRESS		•	
CITY-ST-ZIP			CITY-ST-ZIP		-	
TITLE NAME			TITLE NAME			·
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporation an address, with all other like emp	rue and accurate and that wered to execute this repo	my signature shall have the	e came lengt affect as if n	gode under eath; that I are	an officer or director