


# AMENDED REPORT

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

DOCUMENT # 711058

1. Entity Name  
GOODWILL INDUSTRIES OF SW FLORIDA, INC.



**FILED**  
03 OCT -2 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4940 BAYLINE DRIVE

3. Mailing Address  
4940 BAYLINE DRIVE

Suite, Apt. #, etc.

700023507297  
10/02/03--01019--001 \*\*61.25

DO NOT WRITE IN THIS SPACE

City & State  
N. FORT MYERS, FL

City & State  
N. FORT MYERS, FL

4. FEI Number  
59-6196141

Applied For  
Not Applicable

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  
LANDRUM, DON

Street Address (P.O. Box Number is Not Acceptable)  
4940 BAYLINE DRIVE

City NORTH FORT MYERS FL Zip Code 33917

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.

THOMAS L. FEURIG  
4940 BAYLINE DRIVE, NORTH FORT MYERS, FL 33917

SIGNATURE *Thomas L. Feurig*

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25  
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, HATTON B. 1772 CORAL WAY, N. FT. MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PACK, JUDGE R. WALLACE 1700 MONROE STREET, 4th FLOOR FORT MYERS, FL 33902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEURIG, THOMAS L. 4940 BAYLINE DRIVE NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ HARTMAN, BARBARA 4586 TRAWLER CT., #102, FT. MYERS FL, 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DANIEL 1925 CLIFFORD ST., APT. 1401, FT. MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MANN, GEORGE T., JR. 1453 SANDRA DRIVE, FT. MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)


12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *Thomas L. Feurig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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

<b>DOCUMENT #</b> 1. Entity Name	
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	<b>7. Name and Address of Current Registered Agent</b>		
	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City	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. I am familiar with, and accept the obligations of registered agent.

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

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	DO NOT WRITE IN THIS SPACE
NAME	ARNALL, DR. ROBERT E.	NAME	
STREET ADDRESS	1324 LONGWOOD DRIVE, FT. MYERS, FL	STREET ADDRESS	
CITY-ST-ZIP	33919	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	BARRETT, WILLIAM J.	NAME	
STREET ADDRESS	1502-100 ROYAL PALM SQUARE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CLARK, THOMAS P.	NAME	
STREET ADDRESS	15950 SHAMROCK RD., FT. MYERS, FL	STREET ADDRESS	
CITY-ST-ZIP	33912	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DEVEREAUX, JEAN	NAME	
STREET ADDRESS	1435 SW 34th STREET	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	HOLLAND, RAYMOND	NAME	
STREET ADDRESS	1400 N. 15th STREET, IMMOKALEE, FL	STREET ADDRESS	
CITY-ST-ZIP	34142	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	McDANIEL, WILLIAM L.	NAME	
STREET ADDRESS	7000 BIG ISLAND RANCH ROAD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	


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**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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<b>DOCUMENT #</b> 1. Entity Name	
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="text-align: center; font-weight: bold;">FL</div> Zip Code

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Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HAMEL, SHARLENE</b> 1387 WALES DRIVE, FT. MYERS, FL <div style="text-align: right;">33901</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>POTTORF, RAY V.</b> 950 AQUA LANE, FT. MYERS, FL <div style="text-align: right;">33919</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SANDERS, TRISTON V.</b> 3725 WINKLER AVENUE EXT. FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCHNEIDER, DALE</b> 7000 BARRANCAS AVE., BOKEELIA, FL <div style="text-align: right;">33922</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SNYDER, DONALD E.</b> 181 IBIS STREET FT. MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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4. FEI Number		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

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**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAVER, CARLA 4940 BAYLINE DRIVE NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSBY, GLORIA 4940 BAYLINE DRIVE NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ITZKOWITZ, BRIAN 4940 BAYLINE DRIVE, N. FT. MYERS, 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR3E037B (12/02)