

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90083 004 \*\*\*\*61.25

**DOCUMENT # 756677**

1. Entity Name  
**GOODWILL INDUSTRIES-MANASOTA, INC.**

Principal Place of Business <b>7501 BRADENTON ROAD SARASOTA FL 34243 US</b>	Mailing Address <b>8490 N LOCKWOOD RIDGE RD SARASOTA FL 34243 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-2074391**      Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ROBERTS, DONALD L  
7501 BRADENTON ROAD  
SARASOTA FL 34243**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, DONALD L.</b>	
STREET ADDRESS	<b>7501 BRADENTON RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALTERS, CLIFFORD L</b>	
STREET ADDRESS	<b>802 11TH ST. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>DIR</b>	<input type="checkbox"/> Delete
NAME	<b>FAWLEY, RICHARD</b>	
STREET ADDRESS	<b>1001 MANATEE AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, ROBERT</b>	
STREET ADDRESS	<b>1280 DOLPHIN BAY WAY #201</b>	
CITY-ST-ZIP	<b>SIESTA KEY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ROSINSKY, ROBERT</b>	
STREET ADDRESS	<b>7501 BRADNTON RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MALATESTA, VINCE</b>	
STREET ADDRESS	<b>8490 N LOCKWOOD RIDGE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>SEE ATTACHED</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald L. Roberts*      Date: 2/20/02      Daytime Phone #: 941.953.3303

CR2E037 (9/01)

