

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90061 032 \*\*\*150.00

**DOCUMENT # P27141**

1. Entity Name

**JOHN B. GOODMAN ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

1107 HAZELTINE BLVD.  
 #200  
 CHASKA MN 55318  
 US

1107 HAZELTINE BLVD.  
 #200  
 CHASKA MN 55318-1043  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-1639067**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

00000700



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PVS  
 NAME: GOODMAN, JOHN B.  Delete  
 STREET ADDRESS: 1107 HAZELTINE BLVD, #200  
 CITY-ST-ZIP: CHASKA MN

TITLE: PD  
 NAME: GOODMAN, JOHN B.  Change  Addition  
 STREET ADDRESS: 1107 HAZELTINE BLVD, #200  
 CITY-ST-ZIP: CHASKA, MN 55318

TITLE: TD  Delete  
 NAME: GOODMAN, JOHN B.  
 STREET ADDRESS: 1107 HAZELTINE BLVD., #200  
 CITY-ST-ZIP: CHASKA MN

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: V  
 NAME: GOODMAN, SIDNEY A.  Change  Addition  
 STREET ADDRESS: 1107 HAZELTINE BLVD, #200  
 CITY-ST-ZIP: CHASKA, MN 55318

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: V  
 NAME: PETERKA, DAN R.  Change  Addition  
 STREET ADDRESS: 1107 HAZELTINE BLVD, #200  
 CITY-ST-ZIP: CHASKA, MN 55318

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: S  
 NAME: BILICH, PATRICIA A.  Change  Addition  
 STREET ADDRESS: 1107 HAZELTINE BLVD., #200  
 CITY-ST-ZIP: CHASKA, MN 55318

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: T  
 NAME: SEIFERT, MELINDA  Change  Addition  
 STREET ADDRESS: 1107 HAZELTINE BLVD, #200  
 CITY-ST-ZIP: CHASKA, MN 55318

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: *Melinda Seifert* Melinda Seifert 4/25/00 8000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)