

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90322 006 ***150.00

DOCUMENT # F95000004683

1. Entity Name

ODAT DEVELOPING COMPANY, INC.

Principal Place of Business

**289 WHITE HERON DR
 SANTA ROSA BCH FL 32459
 US**

Mailing Address

**289 WHITE HERON DR
 SANTA ROSA BCH FL 32459
 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

35-1931821

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHUAMANN, R.P. II
 289 WHITE HERON DRIVE
 SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PC	SCHAUMANN, RICHARD P II	289 WHITE HERON DR	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VVC	VANCE, TRACIE L	211 MY WAY	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SDT	SCHAUMANN, KATHY R	289 WHITE HERON DR	SANTA ROSA BCH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SCHAUMANN, DANIEL S	81 EDGEWOOD TERR	SANTA ROSA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Richard P. Schumann II*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01 858-267-6055
 Date Day of Phone #

CR2E034 (10/00)