

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001048

1. Entity Name

THE MYELIN PROJECT, INC.

Principal Place of Business

1747 PENNSYLVANIA AVE., NW  
SUITE 950  
WASHINGTON DC 20006

Mailing Address

1747 PENNSYLVANIA AVE., NW  
SUITE 950  
WASHINGTON DC 20006

2. Principal Place of Business

2001 Pennsylvania Ave.

Suite, Apt. #, etc.

Suite 225

City & State

Washington, DC

3. Mailing Address

2001 Pennsylvania Ave., N.W.

Suite, Apt. #, etc.

Suite 225

City & State

Washington, DC

4. FEI Number

52-1545992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLD, JAY  
2207 EARLEAF COURT  
LONGWOOD FL 32779

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

**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

TITLE P ☒ Delete  
NAME O'DONE, AUGUSTO  
STREET ADDRESS 1747 PENNSYLVANIA AVE., NW, STE. 950  
CITY-ST-ZIP WASHINGTON DC 20006

TITLE T ☐ Delete  
NAME LOUISELL, RICHARD  
STREET ADDRESS 7385 PEMBROKE DR.  
CITY-ST-ZIP RENO NV 89502

TITLE T ☐ Delete  
NAME GOLD, JAY  
STREET ADDRESS 2207 EARLEAF CT.  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE T ☐ Delete  
NAME GERNHART, JOHN  
STREET ADDRESS 3054 185TH ST.  
CITY-ST-ZIP MOVILLE IA 51039

TITLE S ☐ Delete  
NAME CHAPMAN, PATTI  
STREET ADDRESS 1449 CALLE DEL JONELLA  
CITY-ST-ZIP PACIFIC PALISADES CA 90272

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME Augusto Odone  
STREET ADDRESS 2001 Pennsylvania Ave., NW STE 225  
CITY-ST-ZIP Washington, DC 20006

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

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

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

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

TITLE ☐ Change ☐ 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Augusto Odone  
President

202 452-8994 15 May 2001

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91601 029 \*\*\*\*61.25

002012



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)