

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90260 012 ****61.25

DOCUMENT # N98000004119

1. Entity Name

THE OLD DOWNTOWN DEVELOPMENT (ODD) GROUP OF OVIE

Principal Place of Business

Mailing Address

156 GENEVA DRIVE
 OVIEDO FL 32762-0729

P O BOX 620729
 OVIEDO FL 32762-0729

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

59-3497394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

NA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, P R
350 S. CENTRAL AVE
OVIEDO FL 32765

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD WALKER-SEAMAN, BARBARA**
 STREET ADDRESS **353 N. CENTRAL AVE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD EVANS, ARTHUR**
 STREET ADDRESS **110 E. BROADWAY**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BURNS, P. RICK**
 STREET ADDRESS **350 S. CENTRAL AVE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD PAYNE, JEFF**
 STREET ADDRESS **3285 LORDMALL CT**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD BRUCE, MIRIAM**
 STREET ADDRESS **6365 LAKE CHARM CIRCLE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD AULIN, ELIZABETH**
 STREET ADDRESS **2389 PENNSYLVANIA AVE**
 CITY-ST-ZIP **OVIEDO FL 32765**

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: *Elizabeth M Aulin* **QUICK REASURER**

4/11/00 (407)365-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #