


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90128 009 ****61.25

DOCUMENT # N98000004119

1. Entity Name
THE OLD DOWNTOWN DEVELOPMENT (ODD) GROUP OF OVIE DO, INC.



Principal Place of Business
**156 GENEVA DRIVE
OVIEDO FL 32762-0729**

Mailing Address
**P O BOX 620729
OVIEDO FL 32762-0729**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P O Box 620789
Suite, Apt. #, etc.

City & State
Oviedo, FL 32762-0789

4. FEI Number **59-3497394**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALKER-SEAMAN, BARBARA	
STREET ADDRESS	353 N. CENTRAL AVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANS, ARTHUR	
STREET ADDRESS	110 E. BROADWAY	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNS, P. RICK	
STREET ADDRESS	350 S. CENTRAL AVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAYNE, JEFF	
STREET ADDRESS	3285 LORDMALL CT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUCE, MIRIAM	
STREET ADDRESS	6365 LAKE CHARM CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AULIN, ELIZABETH	
STREET ADDRESS	2389 PENNSYLVANIA AVE	
CITY-ST-ZIP	OVIEDO FL 32765	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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)(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 Aulin* 4/16/03 407-365-6611

CR2E037 (10/02)