

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 08:00 AM
Secretary of State

DOCUMENT # K47746
 1. Entity Name
OCEANPOINTE DEVELOPMENT CORPORATION

Principal Place of Business 10707 CLAY RD HOUSTON TX 77041	Mailing Address PO BOX 2863 HOUSTON TX 77252
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
76-0264460
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324
 US

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 _____ DATE **02/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVAS GARY L. FRUEH <input type="checkbox"/> Delete 10707 CLAY RD HOUSTON TX 77041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STEVEN E. LANE <input type="checkbox"/> Delete 10707 CLAY RD HOUSTON TX 77041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CURRY JAMES E. <input type="checkbox"/> Delete 10491 SIX MILE CYPRESS PKWY STE 105 FT MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRIMALDI SAM <input type="checkbox"/> Delete 10491 SIX MILE CYPRESS PKWY STE 105 FORT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, RICHARD G. <input type="checkbox"/> Delete 10707 CLAY RD HOUSTON TX 77041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAPOLI, THOMAS A. <input type="checkbox"/> Delete 10707 CLAY RD HOUSTON TX 77041

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVAS SADOWSKI CHESTER P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10707 CLAY RD HOUSTON TX 77041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LANE, STEVEN E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10707 CLAY RD HOUSTON TX 77041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CURRY JAMES E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10491 SIX MILE CYPRESS PKWY STE 105 FT MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCAIN, DAVID B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10707 CLAY RD HOUSTON TX 77041

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: STEVEN E. LANE **SVP** **02/16/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)