

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 332693

1. Entity Name

LODGE HOLDING ENTERPRISES INCORPORATED

Principal Place of Business

Mailing Address

5063 HWY 90
MILTON FL 32571

5063 HWY 90
MILTON FL 32571-1503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

17-0022010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDDY, DAVID B
8265 CONTINENTAL CT
PENSACOLA FL 32506

Name

MICHAEL R. DOBBINS

Street Address (P.O. Box Number is Not Acceptable)

5708 CHARMONTE WAY

City

MILTON

FL

Zip Code

32583

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, WALTER RAY	
STREET ADDRESS	8824 FORTUNE RD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILEY, DAVID D.	
STREET ADDRESS	3474 WILLARD NORRIS RD	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, ALBERT T.	
STREET ADDRESS	2201 SCENIC HWY 65	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUBIN, JR. L	
STREET ADDRESS	413 GARCON POINT RD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUANE RANDOLPH	
STREET ADDRESS	5063 HWY. 90	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JERRY R.	
STREET ADDRESS	1210 PACE LANE	
CITY-ST-ZIP	PACE FL 32571	

TITLE	MARK WOLCOTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3262 COBBLESTONE DR	
STREET ADDRESS	PACE FL 32571	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GEORGE R. WETHERBEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5801 GREEN FIELD ST	
STREET ADDRESS	PACE FL 32571	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

850 994 0214

Daytime Phone #

CR2E034 (9/99)