

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90479 027 ***150.00

DOCUMENT # 332693

1. Entity Name

LODGE HOLDING ENTERPRISES INCORPORATED

Principal Place of Business

**5063 HWY 90
MILTON FL 32571**

Mailing Address

**5063 HWY 90
MILTON FL 32571**

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

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

**DOBBINS, MICHAEL R
5708 CHARMONTE WAY
MILTON FL 32583**

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

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, 2002 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** ☐ Delete
NAME **BORDERS, VERNON R JR**
STREET ADDRESS **4062 GILLNET LN**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **P** ☒ Change ☐ Addition
NAME **RICHARD MORFELD**
STREET ADDRESS **5701 WINDHAM RD**
CITY-ST-ZIP **MILTON FL 32570-8371**

TITLE **VP** ☐ Delete
NAME **WILEY, DAVID D.**
STREET ADDRESS **3474 WILLARD NORRIS RD**
CITY-ST-ZIP **MILTON FL 32571**

TITLE **VP** ☒ Change ☐ Addition
NAME **VERNON BORDERS**
STREET ADDRESS **4062 GILLNET LN.**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **T** ☐ Delete
NAME **WETHERBEE, GEORGE R**
STREET ADDRESS **5801 GREENFIELD ST**
CITY-ST-ZIP **PACE FL 32571**

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

TITLE **S** ☐ Delete
NAME **AUBIN, JR. L**
STREET ADDRESS **413 GARCON POINT RD**
CITY-ST-ZIP **MILTON FL 32583**

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

TITLE **D** ☐ Delete
NAME **DUANE RANDOLPH**
STREET ADDRESS **5063 HWY. 90**
CITY-ST-ZIP **MILTON FL 32571**

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

TITLE **D** ☐ Delete
NAME **JOHNSON, JERRY R.**
STREET ADDRESS **1210 PACE LANE**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-02 (850) 626-0312

Date

Daytime Phone #

CR2E034 (9/01)