

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90133 004 \*\*\*150.00

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**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

☒ CHECK HERE IF MAKING CHANGES



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

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **BORDERS, VERNON**  
CITY-ST-ZIP **4062 GILLNET LN  
MILTON FL 32583**

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

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

TITLE ☒ Change ☐ Addition  
NAME **William D. Allen**  
STREET ADDRESS **4701 Shell Road**  
CITY-ST-ZIP **Milton, FL 32583**

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **Tammy DeVeau**  
CITY-ST-ZIP **5284 Avenida Del Fuego  
Pace FL, 32571**

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

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Richard L. Morfeld**  
CITY-ST-ZIP **5701 Windham Road  
Milton FL, 32570-8371**

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

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 607, 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:

*Tammy DeVeau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

Date

850-712-6404

Daytime Phone #

CR2E034 (10/02)