

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

04-23-2001 90044 016 ****70.00

DOCUMENT # N00000003588

1. Entity Name

FLORIDA LYME DISEASE NETWORK, INC.

Principal Place of Business

1930 FAIRVIEW SHORES DR.
ORLANDO FL 32804-1136

Mailing Address

1930 FAIRVIEW SHORES DR.
ORLANDO FL 32804-1136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number
59-3709256

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired
applied for ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LODGE, MARVINA
1930 FAIRVIEW SHORES DR.
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

N/A

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
President/CEO
Marvina Lodge
1930 Fairview Shores Drive
Orlando, Florida 32804-1136

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Terrilyn Hundebly
10849 Landsboro Court
Orlando, Florida 32825

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Leonard Schmidt
1280 LaQuinta Drive
Orlando, Florida 32809

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Scott Tober
2811 West State Road 434
Longwood, Florida 32779

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Roger Stout Director
1976 Fairview Shores Drive
Orlando, Florida 32804-1136

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 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:

Marvina Lodge

Marvina Lodge 407-299-5963

CR2E037 (5/01)

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City & State

Zip

Country

Zip

Country

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SIGNATURE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT/DIRECTOR
MARVINA LODGE
1930 FAIRVIEW SHORES DRIVE
ORLANDO, FL 32804-1136

☐ Change ☒ Addition

VICE-PRESIDENT
TERRILYN HUNDEBY
10849 LANESBORO COURT
ORLANDO, FL 32825

☐ Change ☒ Addition

☐ Change ☐ Addition

MARVINA LODGE 07-1998
407-839-0200 299-5963
517 Shady Lane Dr 1980 Fairview Shores Drive
Orlando, FL 32804

1070

63-215/631

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Pay to the
Order of Department of State \$ 70⁰⁰/₁₀₀

Seventy and 00/100

Dollars

☒ Security features
included
Details on back

SUNTRUST
SunTrust Bank, Central Florida, N.A.
College Park Office (407) 839-4788
Orlando, FL

DOC N00000003588 \$61.25
For 2001 UBR REPORT 8.75

00631021521059053689829711070

For ANNUAL FEE: FL LYME DISEASE NETWORK, INC.
Marvina Lodge

Florida Statutes. I further certify that the information
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.

407-
MARVINA LODGE 413-01 299-5963

4-13-2001

Application for Employer Identification Number

**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)**

59-3709256
EIN

OMB No. 1545-0003

► **Keep a copy for your records.**

1 Name of applicant (legal name) (see instructions) MARVINA D. LODGE		3 Executor, trustee, "care of" name N/A	
2 Trade name of business (if different from name on line 1) FLORIDA LYME DISEASE NETWORK, INC		5a Business address (if different from S/A	
4a Mailing address (street address) (room, apt., or suite no.) 1930 FAIRVIEW SHORES DRIVE		5b City, state, and ZIP code S/A	
4b City, state, and ZIP code ORLANDO, FL 32804-1136		6 County and state where principal business is located ORANGE, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ MARVINA D. LODGE, PRES & REGISTERED AGENT			
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) <input checked="" type="checkbox"/> Other (specify) ▶ NON PROFIT			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA Foreign country _____	
9 Reason for applying (Check only one box.) (see instructions) <input checked="" type="checkbox"/> Started new business (specify type) ▶ NON PROFIT <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (month, day, year) (see instructions) MAY 24, 2000		11 Closing month of accounting year (see instructions) N/A	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶		Nonagricultural -0-	Agricultural -0-
14 Principal activity (see instructions) ▶ AWARENESS - EDUCATION		Household -0-	
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____			
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____ <input checked="" type="checkbox"/> N/A			
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above Legal name ▶ _____ Trade name ▶ _____			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN _____			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ▶ MARVINA D. LODGE		Business telephone number (include area code) 407-299-5963	
Signature ▶ <i>Marvina D. Lodge</i>		Fax telephone number (include area code) 407-299-2616	
Date ▶ 4-13-2001		Note: Do not write below this line. For official use only.	
Please leave blank ▶	Geo.	Ind.	Class
			Reason for applying