

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49682

1. Entity Name

LISA MERLIN HOUSE, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90384 035 ****61.25

Principal Place of Business

3101 NO. PINE HILLS RD.
ORLANDO FL 32808
US

Mailing Address

3101 NO. PINE HILLS RD.
ORLANDO FL 32808
US

734616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3132600

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERLIN, BRUCE E.
9205 LONGFELLOW PL
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

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

9215 Longfellow Place

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/01

DATE

FILE NOW:
FEE IS \$61.25

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 SD ☐ Delete
NAME PETERSON, DEBRA
STREET ADDRESS 9212 COUNTRY BAY BLVD.
CITY-ST-ZIP ORLANDO FL 32819

TITLE TD ☐ Delete
NAME TRAMELL, FRED
STREET ADDRESS 17 S. OSCEOLA AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE CD ☐ Delete
NAME VILLAVERDE, ALAN
STREET ADDRESS 9212 COUNTRY BAY RD
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ Delete
NAME MERLIN, LISA S.
STREET ADDRESS 705 LITTLE WEKIVA RD.
CITY-ST-ZIP ALTAMONTE SPGS. FL

TITLE D ☐ Delete
NAME LAMBERT, JOANNE
STREET ADDRESS 731 NO GARLAND AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE VPD ☐ Delete
NAME BOZZUTO, JACQUELINE
STREET ADDRESS 215 N. EOLA DR.
CITY-ST-ZIP ORLANDO FL 32801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D ☒ Change ☐ Addition
NAME Lisa Merlin
STREET ADDRESS 9215 Longfellow Place
CITY-ST-ZIP Apopka, FL 32703

TITLE D ☒ Change ☐ Addition
NAME Lambert, Joanne
STREET ADDRESS 390 North Orange Ave. #1285
CITY-ST-ZIP Orlando, FL 32801

TITLE B ☐ Change ☒ Addition
NAME Paul McKernan
STREET ADDRESS 530 Queensmirror Circle
CITY-ST-ZIP Casselberry, FL 32707-4404

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: *Lisa Merlin* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Date

407-292-0109

Daytime Phone #

CR2E037 (10/00)