

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49682

1. Entity Name

LISA MERLIN HOUSE, INC.

Principal Place of Business

3101 NO. PINE HILLS RD.  
ORLANDO FL 32808  
US

Mailing Address

3101 NO. PINE HILLS RD.  
ORLANDO FL 32808  
US

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

59-3132600

Applied For

Not Applicable

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  
Lisa Merlin

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

9205 Longfellow PL

City

Apopka

FL

Zip Code  
32703

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

9. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	SD PETERSON, DEBRA	<input type="checkbox"/> Delete
STREET ADDRESS	9212 COUNTRY BAY BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	TD TRAMELL, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	17 S. OSCEOLA AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	CD VILLAYERDE, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	9212 COUNTRY BAY RD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D MERLIN, LISA S.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9215 LONGFELLOW PLACE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	D LAMBERT, JOANNE	<input type="checkbox"/> Delete
STREET ADDRESS	390 NORTH ORANGE AVE #1285	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	VPD BOZZUTO, JACQUELINE	<input type="checkbox"/> Delete
STREET ADDRESS	215 N. EOLA DR.	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD Peterson, Debra	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4425 Pleasant Hill Road	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE NAME	TD Tramell, Fred	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	410 Chase Home Cove	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE NAME	CD Villaverde, Alan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9801 International Dr	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90046 035 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)