

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90047 024 ****70.00

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**



☐ CHECK HERE IF MAKING CHANGES

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, LISA
9215 LONGFELLOW PL
APOKA FL 32703**

7. Name and Address of New Registered Agent

Name **Lisa Merlin**

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

9215 Longfellow PL

City **Apoka**

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

SIGNATURE *Lisa Merlin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **PETERSON, DEBRA**
STREET ADDRESS **4425 PLEASANT HILL ROAD**
CITY-ST-ZIP **KISSIMEE FL 34746**

TITLE **SD** ☒ Change ☐ Addition
NAME **JOHNSON, JENNA**
STREET ADDRESS **2739 S. MAGUIRE RD.**
CITY-ST-ZIP **OCFEE, FL 34761**

TITLE **TD** ☒ Delete
NAME **TRAMELL, FRED**
STREET ADDRESS **410 CHASE HOME COVE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **TD** ☒ Change ☐ Addition
NAME **HOLLY GREER, HOLLY**
STREET ADDRESS **215 N. EOLA DR**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **CD** ☒ Delete
NAME **VILLAVARDE, ALAN**
STREET ADDRESS **9801 INTERNATIONAL DR**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **CD** ☒ Change ☐ Addition
NAME **TRAMELL, FRED**
STREET ADDRESS **410 CHASE HOME COVE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Delete
NAME **LAMBERT, JOANNE**
STREET ADDRESS **390 NORTH ORANGE AVE #1285**
CITY-ST-ZIP **ORLANDO FL 32801**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

Fred H. Trameil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred H. Trameil

1/20/03 467-474-8820

CR2E037 (10/02)