

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006397

1. Entity Name
SAFARI MOTOR COACHES, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90041 031 ***150.00

Principal Place of Business Mailing Address
12712 US HIGHWAY 92 **P.O. BOX 6089**
DOVER FL 33527 **BEND OR 97708-6089**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. PO Box 5639

City & State City & State
Bend, OR 97708

4. FEI Number **93-1178766** 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
DADY, MIKE
12712 US HIGHWAY 92
DOVER FL 33527

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Roddy, Steve
10333 Woodbury Rd
Tampa, FL 33619
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: *William L. Rich* DATE: **1/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete HOWARD, JAY L 30725 DIAMOND HILL RD. HARRISBURG OR 97446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PERLOT, CONNIE M 20545 MURRAY RD. BEND OR 97701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete PERLOT, MATTHEW M 20545 MURRAY RD. BEND OR 97701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAWLER, CURT 30725 DIAMOND HILL RD. HARRISBURG OR 97446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RAY, MILT 5003 DUVERNEY LAGUNA HILLS CA 92653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLACK, LARRY 1 SW COLUMBIA ST., STE. 1200 PORTLAND OR 97258

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President. Jacque <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael R. Jacque 30725 Diamond Hill Rd. Harrisburg OR 97446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William L. Rich-Chief Financial Officer 20545 Murray Rd. Bend, OR 97701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William L. Rich* DATE: **1/28/00** Daytime Phone #

CR2E034 (9/99)