

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90051 003 ***150.00

DOCUMENT # P97000010036

1. Entity Name
FLORIDA SAFARI ADVENTURES, INC.

Principal Place of Business
1925 NE 45TH ST., SUITE 132
FT. LAUDERDALE FL 33308
US

Mailing Address
1925 NE 45TH ST., SUITE 132
FT. LAUDERDALE FL 33308
US

001140



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 **NOT APPLICABLE**

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

7. Name and Address of New Registered Agent

BOLL, GABRIELLA
547 N.E. 16TH AVENUE
FT LAUDERDALE FL 33301

Name **GABRIELLA BOLL**
Street Address (P.O. Box Number is Not Acceptable)
5201 NE 15th Avenue
Pt. Lauderdale, FL
City **FL** Zip Code **33334**

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 Gabriella Boll **GABRIELLA BOLL, President** **01-12-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLL, GABRIELLA 547 N.E. 16TH AVENUE FT LAUDERDALE FL 33301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GABRIELLA BOLL 5201 NE 15th AVENUE PT. LAUDERDALE, FL 33334 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Gabriella Boll **GABRIELLA BOLL** **01-12-01** **954776-2379**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)