

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90077 041 ***158.75

DOCUMENT # 308561

1. Entity Name

LION COUNTRY SAFARI, INC.-FLORIDA

Principal Place of Business

**2003 LION COUNTRY SAFARI RD.
 LOXAHATCHEE FL 33470
 US**

Mailing Address

**2003 LION COUNTRY SAFARI RD.
 LOXAHATCHEE FL 33470-3977
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1168011**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KRAMER, HAROLD
 2003 LION COUNTRY SAFARI RD.
 LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name

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

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

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, 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 | TD | <input type="checkbox"/> Delete |
| NAME | FRANKS, STANLEY | |
| STREET ADDRESS | 2003 LION COUNTRY SAFARI RD | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | UNTERHALTER, LEON | |
| STREET ADDRESS | 2003 LION COUNTRY SAFARI RD. | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | KRAMER, HAROLD | |
| STREET ADDRESS | 2003 LION COUNTRY SAFARI RD. | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | UNTERHALTER, MARC K | |
| STREET ADDRESS | 2003 LION COUNTRY SAFARI RD. | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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, in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000 . 561-793-1084

Date

Daytime Phone # **EPT Ro.**

CR2F034 (9/99)