

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 08:00 AM
Secretary of State

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 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
59-1168011

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRAMER HAROLD
 2003 LION COUNTRY SAFARI RD.

 LOXAHATCHEE FL 33470 US

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 _____ DATE **01/23/2001**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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, with all other like empowered.

SIGNATURE: Marc K. Unterhalter **VP** **01/23/2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)