## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am § Secretary of State DOCUMENT # 484685 05-14-2001 90193 024 \*\*\*150.00 TREK INTERNATIONAL SAFARIS, INC. Principal Place of Business Mailing Address 1503 THE GREENS WAY 1503 THE GREENS WAY JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 59-1889655 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLOANINGER, MICHAEL C Ox Number is Not Acceptab 1503 THE GREENS WAY JACKSONVILLE BEACH FL 32250 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida Registered Agent signature required when reinstating) ILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Addition TITLE TITLE CLOANINGER, MICHAEL C NAME NAME STREET ADDRESS STREET ADDRESS **102 RITA RAE LANE** CITY-ST-ZIP CITY-ST-ZIP Jacksonville Beach Fl President TITLE TITLE Addition HANBURRY, MILTON H JR NAME NAME STREET ADDRESS STREET ADDRESS 3063 CYPRESS CREEK DR N CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL TITLE ☐ Delete TITLE Change ☐ Addition HANBURRY, CARA C-NAME NAME STREET ADDRESS STREET ADDRESS 3063 CYPRESS CREEK, DR. N. CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE: Y

TITLE

NAME STREET ADDRESS

nun

☐ Delete

☐ Change

☐ Addition

FILED