

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90214 009 ****61.25

DOCUMENT # 712166

1. Entity Name

AFRICAN SAFARI CLUB OF FLORIDA, INC.



Principal Place of Business

**6550 N. FEDERAL HWY. #20
FT LAUDERDALE FL 33308**

Mailing Address

**6550 N. FEDERAL HWY. #20
FT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 330

Suite, Apt. #, etc.

Suite 330

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1350762**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HEINRICH, EUGENEL
500 E BROWARD BLVD, 10TH FLOOR
FT. LAUDREDALE FL 33394**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAINEY, LOU	
STREET ADDRESS	133 N 12TH PLACE	
CITY-ST-ZIP	LANTANA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LODGE, BOB	
STREET ADDRESS	1443 TRAIL	
CITY-ST-ZIP	FT. LAUDERDALE FL 3330	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAWYER, THOMAS R II	
STREET ADDRESS	5725 NE 16 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COAN, JOHN	
STREET ADDRESS	317 BAYBELLY DR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MALONE, KEVIN	
STREET ADDRESS	700 SE 3RD AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, ROB	
STREET ADDRESS	5247 N.W. 110 AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Ferns	
STREET ADDRESS	PO Box # 14070	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33302	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, THOMAS R II	
STREET ADDRESS	6550 N. Federal Hwy #330	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON TUPPIN	
STREET ADDRESS	12404 COLONAT ROW	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE LITTLE	
STREET ADDRESS	7901 SW 6TH CT.	
CITY-ST-ZIP	PLANTATION, FL 33324	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEFAN R. P. S. REQUIR Thomas R Sawyer 1/7/03 954-451-7233**

CR2E037 (10/02)