

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90675 045 \*\*\*\*61.25

**DOCUMENT # 752750**

1. Entity Name

**ORLANDO CHAPTER OF SAFARI CLUB INTERNATIONAL, IN C.**



Principal Place of Business

**1061 CHOKE CHERRY DR  
WINTER SPRINGS FL 32708**

Mailing Address

**1061 CHOKE CHERRY DR  
WINTER SPRINGS FL 32708  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2684639**

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

**THOMAS, WILLIAM P.  
3320 CARLA ST.  
ORLANDO FL 32806**

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          | <b>DVP</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>HODGE, BYRON</b>          |  |
| STREET ADDRESS | <b>9037 POINT CYPRESS DR</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32838</b>      |  |
| TITLE          | <b>DP</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ZEIGLER, CLARK</b>        |  |
| STREET ADDRESS | <b>120 STONE POST RD</b>     |  |
| CITY-ST-ZIP    | <b>LONGWOOD FL 32779</b>     |  |
| TITLE          | <b>DST</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>BARTOLETTI, JUDY K</b>    |  |
| STREET ADDRESS | <b>12009 BROWNS CANAL DR</b> |  |
| CITY-ST-ZIP    | <b>CLERMONT FL 34711</b>     |  |
| 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"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>DVP</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Bartolletti Judy K.</b>    |  |
| STREET ADDRESS | <b>12009 Browns Canal Dr</b>  |  |
| CITY-ST-ZIP    | <b>CLERMONT FL 34711</b>      |  |
| TITLE          | <b>DP</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Hodge-Byron</b>            |  |
| STREET ADDRESS | <b>9037 Point Cypress Dr.</b> |  |
| CITY-ST-ZIP    | <b>Orlando FL 32836</b>       |  |
| TITLE          | <b>DST</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Frickert James F.</b>      |  |
| STREET ADDRESS | <b>11201 Willow Garden Dr</b> |  |
| CITY-ST-ZIP    | <b>Windermere FL 34762</b>    |  |
| 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            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

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 17, 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:

**SIGNATURE REQUIRED**

1-8-03

297-9000

CR2E037 (10/02)