

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90164 031 ***150.00

DOCUMENT # H91148

1. Entity Name

THE SAFARI LOUNGE, INC.

Principal Place of Business

Mailing Address

73814 OVERSEAS HWY
ISLAMORADA FL 33036
US

3225 32ND ST. S.E.
P.O. BOX 8039
KENTWOOD MI 49518-039
US

2. Principal Place of Business

3. Mailing Address

73814 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ISLAMORADA, FLORIDA

4. FEI Number 59-2640124

Applied For

Not Applicable

Zip

Country

Zip

Country

33036

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TASSELL, LESLIE E.
73801 OVERSEAS HWY #1
ISLAMORADA FL 33036

Name LESLIE E. TASSELL

Street Address (P.O. Box Number is Not Acceptable)
C/O THE SAFARI LOUNGE

73814 OVERSEAS HIGHWAY

City ISLAMORADA

FL

Zip Code 33036

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 *Leslie E. Tassell*
LESLIE E. TASSELL

4-30-01

(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 NAME STREET ADDRESS CITY-ST-ZIP | PD TASSELL, LESLIE E. 3225 32ND ST S.E. KENTWOOD MI | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOTTRALL, DAVID C 9985 100TH ST ALTO MI | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TASSELL, LESLIE E. 3145 Shaffer Road S.E. Kentwood, MI 49512 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BOTTRALL, DAVID C. 3145 SHAFFER ROAD S.E. KENTWOOD, MI 49512 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, D-T WISNER, THOMAS A. 3145 SHAFFER ROAD S.E. KENTWOOD, MI 49512 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Leslie E. Tassell
LESLIE E. TASSELL, PRESIDENT

4-30-01

Date

616-949-1250

Daytime Phone #

0599653

CR2E034 (10/00)