

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014416

1. Entity Name

SAFARI DESTINATIONS, L.L.C.

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12 NORTH WARNER DRIVE
JENSEN BEACH FL 34957

12 NORTH WARNER DRIVE
JENSEN BEACH FL 34957

2. Principal Place of Business

3356 NE SUGARHILL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

MMJH

City & State

JENSEN BEACH, FL

City & State

4. FEI Number

651054109

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHL, N. DEAN JR.
50 S.E. KINDRED STREET, SUITE 107
STUART FL 34995

Name

DELETE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JANE AUSTIN
3356 N.E. SUGARHILL
JENSEN BEACH, FL 34957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ADAM JILLO
MAMA NGINA STREET
NAIROBI KENYA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200004481392--9
-07/17/01--01091--027
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
FIRDZ DHARAMSHI
PO 1207
ARUSHA TANZANIA

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jane Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/28/2001 56-225-7694

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE