

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90271 050 ****61.25

DOCUMENT # N95000003891

1. Entity Name

SAFARI CLUB INTERNATIONAL CORP., PALM BEACH CHAP

Principal Place of Business

1501 NORTHPOINT PARKWAY
SUITE 100
WEST PALM BEACH FL 33407

Mailing Address

1501 NORTHPOINT PARKWAY
SUITE 100
WEST PALM BEACH FL 33407-1955

A0007601

2. Principal Place of Business

3208 NO. FLAGLER
Suite, Apt. #, etc.

3. Mailing Address

3208 NO. FLAGLER
Suite, Apt. #, etc.
N. Palm Beach

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0608788

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUCE W. PARRISH, JR. PA
105 S. NARCISSUS AVE
7TH FLR- STE 412
WEST PALM BEACH FL 33401

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERSEY, HARRY W JR.	
STREET ADDRESS	1501 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HERSEY, HARRY W III	
STREET ADDRESS	1501 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GEORGE BANKS	
STREET ADDRESS	14170 CALYPSO LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	JO HANLY W.P.B.	
STREET ADDRESS	3208 NO FLAGLER	
CITY-ST-ZIP	33407	

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	<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
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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	

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 information.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)