

2001 UNIFORM BUSINESS REPORT (UBR)**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

**3208 N FLAGLER
~~100~~
WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0608788

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make 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 type="checkbox"/> Delete
NAME	GEORGE BANKS	
STREET ADDRESS	1470 GALEYSON LANE 13808 FAIRLANE CT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

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

SIGNATURE:

**FILED
Jul 31, 2001 8:00 am
Secretary of State**

07-31-2001 90003 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)