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

DOCUMENT # N9500003891

1. Entity Name

SAFARI CLUB INTERNATIONAL CORP., PALM BEACH CHAP



FILED

Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90200 020 ****61.25

Principal Place of Business Mailing Address 10049491 1501 NORTHPOINT PARKWAY 3208 N FLAGLER SUITE 100 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0608788 Applied For Not Applicable Zip Country____ Zip مين . Country سيد \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUCE W. PARRISH, JR. PA Street Address (P.O. Box Number is Not Acceptable) 105 S. NARCISSUS AVE 7TH FLR- STE 412 WEST PALM BEACH FL 33401 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete Change ☐ Addition TITLE HERSEY, HARRY W JR. NAME 1501 NORTHPOINT PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP Addition TITLE ☐ Delete Change TITLE Hersey, Harry W III NAME NAME STREET ADDRESS 1501 NORTHPOINT PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl 33407 ☐ Change Addition TITLE ☐ Delete TITLE **GEORGE BANKS** NAME NAME STREET ADDRESS 13808 FAIRLANE COURT STREET ADDRESS CITY-ST-7/P WEST PALM BEACH FL 33411 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 all given like empowered. (TE) S. HANLEY-PRES.4-15-03 SIGNATURE