

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State
 05-07-2000 90021 014 ***150.00

DOCUMENT # P98000023935

1. Entity Name

SAFARI CHARTERS, INC

Principal Place of Business

Mailing Address

923 FLEMING ST
 REAR
 KEY WEST FL 33040

P O BOX 6231
 KEY WEST FL 33041-6231

2. Principal Place of Business

2319 N. ROOSEVELT BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

KEY WEST FL.

City & State

Zip

33040

Country

Country

4. FEI Number

65-0825989

Applied For

Not Applicable

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

SCHOUTEN, ERIC
 1405 NEWTON ST
 KEY WEST FL 33040

Name

SCHOUTEN ERIC

Street Address (P.O. Box Number is Not Acceptable)

2319 N. ROOSEVELT BLVD

City

KEY WEST

FL

Zip Code

33040

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]

ERIC SCHOUTEN

DIRECTOR

04-24-00

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

(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, 2000 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHOUTEN, ERIC**
 CITY-ST-ZIP **1405 NEWTON ST**
KEY WEST FL 33040

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **SCHOUTEN ERIC**
 CITY-ST-ZIP **2319 N. ROOSEVELT BLVD**
KEY WEST, FL 33040

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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: *[Signature]*

ERIC SCHOUTEN

04-24-00

1305296461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)