

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90029 004 ***150.00

DOCUMENT # P98000068103

1. Entity Name
SAFARI RIVER TOURS, INC.

Principal Place of Business
1647 CENTER STREET
DELAND FL 32720

Mailing Address
1647 CENTER STREET
DELAND FL 32720

2. Principal Place of Business
222 Lucerne DR
 Suite, Apt. #, etc.

3. Mailing Address
222 Lucerne DR
 Suite, Apt. #, etc.

City & State
DeBary FL
Zip
32713
Country
Volusia

City & State
DeBary FL
Zip
32713
Country
Volusia

4. FEI Number
59-3518186

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPARD, KENTON A CPA
205 NORTH WOODLAND BOULEVARD
DELAND FL 32720

7. Name and Address of New Registered Agent

Name
DAVID H CURREY
Street Address (P.O. Box Number is Not Acceptable)

222 Lucerne DR
City **DeBary** **FL** **Zip Code** **32713**

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 *David H Curry*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ **Delete**
NAME **KEMP, JAMES**
STREET ADDRESS **1647 CENTER STREET**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ **Change** ☐ **Addition**
NAME **DAVID H Currey**
STREET ADDRESS **222 Lucerne DR**
CITY-ST-ZIP **DeBary FL 32713**

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

TITLE ☐ **Change** ☐ **Addition**
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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: *David H Curry* **DAVID H Currey** **2-13-02** **386-6651002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)