2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000096528**

TARZAN & JANE CULINARY SAFARI, INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Principal Place of Business

2. Principal Place of Business

WILLIAMS, TONY

310 RACHELLE AVE

SANFORD FL 32771

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

WILLIAMS, TONY

SANFORD FL 32271

OSSLER, BETH A

310 RACHELL AVE #733

3400 SNOWBELL COURT

ORLANDO FL 32810

Suite, Apt. #, etc.

#733

(See criteria on back)

SDV

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

City & State

Zip

Mailing Address

P.O. BOX 522664 LONGWOOD FL 32572-2664 P.O. BOX 522664

3. Mailing Address

Suite, Apt. #, etc.

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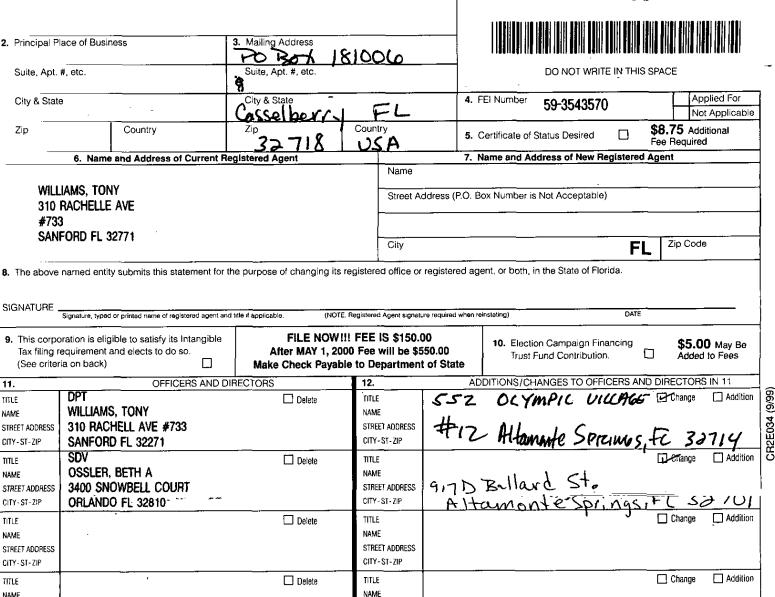
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LONGWOOD FL 32752-2664

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90130 034 ***150.00



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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ess, with all other like empower

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED I

Addition

☐ Addition

☐ Change

☐ Change