

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104414

1. Entity Name

SAFARI CASUAL FURNITURE (NATURAL), INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90254 025 \*\*\*150.00

Principal Place of Business

2036 C NORTH DIXIE HIGHWAY  
FORT LAUDERDALE FL 33325

Mailing Address

2036 C NORTH DIXIE HIGHWAY  
FORT LAUDERDALE FL 33325

2. Principal Place of Business

2056 N. DIXIE Hwy  
Suite, Apt. #, etc.

3. Mailing Address

2056 N. DIXIE Hwy  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

33305

Country

City & State

33305

Country

4. FEI Number 65-0977469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WIGHT, GARTH  
2036 C NORTH DIXIE HIGHWAY  
FORT LAUDERDALE FL 33325

7. Name and Address of New Registered Agent

Name

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

2056 N. DIXIE Hwy.  
City FL 33305

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 acceptable.

(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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WIGHT, GARTH	
STREET ADDRESS	800 S. RIO VISTA BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIGHT, LARAIN	
STREET ADDRESS	800 S. RIO VISTA BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEYN, JAMES D	
STREET ADDRESS	2573 NE 26TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

954-664-0059

Daytime Phone #

CR2E034 (10/00)