

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90079 009 \*\*\*150.00

**DOCUMENT # K08339**

1. Entity Name  
**SAFARI HOUSE CORPORATION**

Principal Place of Business 113 FRONT ST SUITE 205 KEY WEST FL 33040 US	Mailing Address 113 FRONT ST SUITE 205 KEY WEST FL 33040-8344 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2861281</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**A.G.C. CO.**  
**200 S ORANGE AVE**  
**SUITE 2300**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

SIGNATURE \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MURPHY, SHARON LEE YOUNG</b> <b>113 FRONT ST</b> <b>KEY WEST FL 33040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>YOUNG, GEOFFREY WILLITS</b> <b>519 3RD ST NE</b> <b>WASHINGTON DC</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>GUITTARR, CANDACE MARIE</b> <b>3 PHEASANT HILL LANE</b> <b>DUXBURY MA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURPHY, TERENCE J.</b> <b>113 FRONT ST</b> <b>KEY WEST FL 33040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, BERNADENE CRAHALL</b> <b>519 3RD ST NE</b> <b>WASHINGTON DC</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUITTARR, DENNIS C.</b> <b>3 PHEASANT HILL LANE</b> <b>DUXBURY MA</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Geoffrey W. YOUNG</b> <b>519 3rd ST. NE</b> <b>WASHINGTON, D.C. 20002</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CANDACE M. GUITTARR</b> <b>3 PHEASANT HILL LANE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>''</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SHARON Y. MURPHY</b> <b>113 FRONT ST.</b> <b>KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sharon Y. Murphy **SHARON Y. MURPHY** 2/10/00 305-294-7977  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)