

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90014 005 ***150.00

0118012

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 US	
2. Principal Place of Business		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number 59-2861281		Applied For Not Applicable	

00003927



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<i>Secretary - Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, SHARON LEE YOUNG			NAME			
STREET ADDRESS	113 FRONT ST			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<i>PRES</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, GEOFFREY WILLITS			NAME			
STREET ADDRESS	519 3RD ST NE			STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON DC			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<i>Vice Pres</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUITTARR, CANDACE MARIE			NAME			
STREET ADDRESS	3 PHEASANT HILL LANE			STREET ADDRESS			
CITY-ST-ZIP	DUXBURY MA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, TERENCE J.			NAME			
STREET ADDRESS	113 FRONT ST			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, BERNADINE CRAHALL			NAME			
STREET ADDRESS	519 3RD ST NE			STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON DC			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUITTARR, DENNIS C.			NAME			
STREET ADDRESS	3 PHEASANT HILL LANE			STREET ADDRESS			
CITY-ST-ZIP	DUXBURY MA			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: *Sharon Lee Young Murphy* Date: 1/17/01 Daytime Phone #: 566305(294-797)

CR2E034 (10/00)