

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003091

1. Entity Name

~~OK'S CASCADE, INC.~~

JUL 06 2000

OK's Cascade Company OK's Cascade Inc.

Principal Place of Business

16372 177TH AVENUE SE
MONROE WA 98272

Mailing Address

16372 177TH AVENUE SE
MONROE WA 98272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, HAROLD M
ROUTE 4, BOX 292
CHIEFLAND FL 32626

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

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

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEENER, JOHN B	
STREET ADDRESS	19111 92ND AVENUE NE	
CITY-ST-ZIP	BOTHELL WA 98011	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KEENER, RAY W	
STREET ADDRESS	12703 217TH STREET SE	
CITY-ST-ZIP	SNOHOMISH WA 98290	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KEENER, JOANN	
STREET ADDRESS	12703 217TH STREET SE	
CITY-ST-ZIP	SNOHOMISH WA 98290	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DARLING, ROSS	
STREET ADDRESS	ROUTE 1, BOX 910	
CITY-ST-ZIP	TWISP WA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SONNICHSEN, HOWARD	
STREET ADDRESS	BOX 448	
CITY-ST-ZIP	TWISP WA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Avner	
STREET ADDRESS	15830 Fultz Industrial Parkway	
CITY-ST-ZIP	Cleveland, OH 44149	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Knubel	
STREET ADDRESS	15830 Fultz Industrial Parkway	
CITY-ST-ZIP	Cleveland OH 44149	
TITLE	Vice President + GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wade McIntyre	
STREET ADDRESS	16372 - 177th Ave SE	
CITY-ST-ZIP	Monroe, WA 98272	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-00

Date

Daytime Phone #

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90026 013 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 91-0993489
34-1903720

Applied For

Not Applicable

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

CR2E034 (5/00)