

ap 1/16

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001310

1. Entity Name

JACKSONVILLE RETIREMENT RESIDENCE LLC

FILED

00 JAN 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2250 MCGILCHRIST STREET, S.E.
SUITE 200
SALEM OR 97302

P.O. BOX 14111
ATTN: DELLANE COLSON
SALEM OR 97309-5026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

93-1248309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
COLSON, WILLIAM E
2250 MCGILCHRIST STREET, S.E.
SALEM OR 97302

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

70000031122
-01/26/00--01115--005
1152.50 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BATY, DANIEL R
3131 ELLIOTT AVE., SUITE 500
SEATTLE WA 98121

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BRENDEN, NORMAN L
2250 MCGILCHRIST STREET, S.E.
SALEM OR 97302

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William E. Colson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/17/00

503 370 707
X7209