

2000 UNIFORM BUSINESS REPORT (UBR)

0595310

DOCUMENT # 341693

1. Entity Name

CYBERECONCORD, INC.

FILED

00 FEB 25 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10900 NE 8TH STREET
SUITE 900
BELLEVUE WA 98004
US

10900 NE 8TH STREET
SUITE 900
BELLEVUE WA 98004-4448
US

2. Principal Place of Business

3. Mailing Address

800 Bellevue Way, NE
Suite, Apt. #, etc.

800 BELLEVUE WAY, NE
Suite, Apt. #, etc.

Suite 400
City & State

SUITE 400
City & State

Bellevue, WA

BELLEVUE WA

Zip
98004

Country
USA

Zip
98004

Country
USA

4. FEI Number 59-0940641

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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

LS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DELETE P MORIKAWA, THOMAS 10900 NE 8TH ST SUITE 900 BELLEVUE WA 98004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D NELSON, BRENT 10900 NE 8TH ST SUITE 900 BELLEVUE WA 98004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete President James J. Lucas 401 100 Ave, NE Bellevue, WA 98004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete Director Alva Dee Cravens 17235 Deerpark Road Los Gatos, CA 95032 |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director William Altieri 675 Sharon Drive #304 Menlo Park, CA 95032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100003156231--6 -03/03/00--01054--004 ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT JAMES LUCAS 401 100 AVE, NE BELLEVUE WA 98004 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR ALVA DEE CRAVENS 17235 DEERPARK ROAD LOS GATOS, CA 95032 |

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

24 Feb. 00

Date

(425) 990-5593

Daytime Phone #

CR2E034 (9/99)