

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000539

1. Entity Name

FALCON FINANCIAL CORP.

APPROVED
AND
FILED

00 JAN 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2250 MCGILCHRIST ST., SE
STE. 410
SALEM OR 97302
US

Mailing Address

P. O. BOX 12188
SALEM OR 97309-0188
US

2. Principal Place of Business

3. Mailing Address

Attn: Bellane Colson

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 14111

City & State

Salem, OR

Zip

Country

Zip

97309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

93-1097475

Applied For

Not Applied

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

C T CORPORATION SYSTEM
1200 WOUTH 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

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	P	<input type="checkbox"/> Delete
NAME	COLSON, WILLIAM E	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	S	<input type="checkbox"/> Delete
NAME	THORN, BRUCE D	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRENDEN, NORMAN L	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLSON, WILLIAM E	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORN, BRUCE D	
STREET ADDRESS	2250 MCGILCHRIST ST SE	
CITY-ST-ZIP	SALEM OR 97302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100003112101--4
-01/27/00--01005--019
****150.00 ****150.00

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

Date

Daytime Phone #

1/17/00

503 370 707
x 7209