

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003648

1. Entity Name

THE WADDELL ORGANIZATION, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90123 031 \*\*\*150.00

Principal Place of Business

44 W BROADWAY  
STE 502  
EUGENE OR 97401  
US

Mailing Address

P.O. BOX 7946  
EUGENE OR 97401

2. Principal Place of Business

243 Grimes Street

3. Mailing Address

Suite, Apt. #, etc.

Suite B

City & State

Eugene OR

Zip

97402

Country

USA

Country

4. FEI Number 93-1079596

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

CT 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

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, 2001 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	CP	<input type="checkbox"/> Delete
NAME	WADDELL, DONALD A	
STREET ADDRESS	44 W BROADWAY, STE 502	
CITY-ST-ZIP	EUGENE OR	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHEELER, MYRNA	
STREET ADDRESS	BROADWAY # 502	
CITY-ST-ZIP	EUGENE OR 97401	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUND, CHRISTINA M	
STREET ADDRESS	44 W BROADWAY STE 502	
CITY-ST-ZIP	EUGENE OR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	243 Grimes St, Ste B	
STREET ADDRESS	Eugene OR 97402	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	243 Grimes St, Ste B	
STREET ADDRESS	Eugene OR 97402	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	243 Grimes St, Ste B	
STREET ADDRESS	Eugene OR 97402	
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		

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 #

4/17/01 541-344-5555

CR2E034 (10/00)