

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006572

1. Entity Name

HOME AND COMMUNITY CARE, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90093 042 ***550.00

Principal Place of Business

11835 NE GLENN WIDING DR
BUILDING E
PORTLAND OR 97220
US

Mailing Address

11835 NE GLENN WIDING DR
BUILDING E
PORTLAND OR 97220
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0864255

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ☐ Delete
NAME WILSON, KEREN B
STREET ADDRESS 11835 NE GLENN WIDING DR, BLDG E
CITY-ST-ZIP PORTLAND OR 97220

TITLE T ☒ Delete
NAME CRUCKSHANK, JAMES W
STREET ADDRESS 11835 NE GLENN WIDING DR, BLDG E
CITY-ST-ZIP PORTLAND OR 97220

TITLE S ☐ Delete
NAME SANDRA CAMPBELL
STREET ADDRESS 11835 NE GLENN WIDING DR, BLDG E
CITY-ST-ZIP PORTLAND OR 97220

TITLE D ☐ Delete
NAME BROWN WILSON, KEREN
STREET ADDRESS 11835 NE GLENN WIDING DR, BLDG E
CITY-ST-ZIP PORTLAND OR 97220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME DREW Q. MILLER
STREET ADDRESS 11835 NE Glenn Widing Dr, Bldg E
CITY-ST-ZIP Portland, OR 97220

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sandra Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary
Date

Date

Daytime Phone #

CR2E034 (5/00)