

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90055 047 ***150.00

DOCUMENT # F99000000865

1. Entity Name

PACIFIC HARBOR CAPITAL, INC.

Principal Place of Business

**825 NE MULTNOMAH ST., STE. 2000
PORTLAND OR 97232**

Mailing Address

**825 NE MULTNOMAH ST., STE. 2000
PORTLAND OR 97232-2135**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

93-0881619

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

00008704



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	CP	<input type="checkbox"/> Delete
NAME	LONGFIELD, CRAIG N	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 2000	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROEDER, REYNOLD	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 2000	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUCE, JON MICHAEL	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 2000	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERESSINI, WILLIAM E	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 2000	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WILLIAMS, BRUCE N	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 2000	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FRYER, JOHN F	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 2000	
CITY-ST-ZIP	PORTLAND OR 97232	

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	
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

Craig N. Longfield

1/10/00

Date

(503) 813-7072

Daytime Phone #