

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90118 032 ***150.00

0628808 AT

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0881619

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

C T 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, 2002 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** ☐ Delete
NAME **LONGFIELD, CRAIG N**
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 2000**
CITY-ST-ZIP **PORTLAND OR 97232**

TITLE **DP** ☒ Change ☐ Addition
NAME **Bruce N. Williams**
STREET ADDRESS **825 NE Multnomah St., Ste 2000**
CITY-ST-ZIP **Portland, OR 97232**

TITLE **V** ☒ Delete
NAME **ROEDER, REYNOLD**
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 2000**
CITY-ST-ZIP **PORTLAND OR 97232**

TITLE **S** ☐ Change ☒ Addition
NAME **Andrew P. Haller**
STREET ADDRESS **825 NE Multnomah St., Ste 2000**
CITY-ST-ZIP **Portland, OR 97232**

TITLE **V** ☐ Delete
NAME **LUCE, JON MICHAEL**
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 2000**
CITY-ST-ZIP **PORTLAND OR 97232**

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

TITLE **T** ☐ Delete
NAME **PERESSINI, WILLIAM E**
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 2000**
CITY-ST-ZIP **PORTLAND OR 97232**

TITLE **T** ☒ Change ☐ Addition
NAME **Bruce N. Williams**
STREET ADDRESS **825 NE Multnomah St., Ste 2000**
CITY-ST-ZIP **Portland, OR 97232**

TITLE **AT** ☐ Delete
NAME **WILLIAMS, BRUCE N**
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 2000**
CITY-ST-ZIP **PORTLAND OR 97232**

TITLE **AT** ☒ Change ☐ Addition
NAME **Tanya Sacks**
STREET ADDRESS **825 NE Multnomah St., Ste 2000**
CITY-ST-ZIP **Portland, OR 97232**

TITLE **AT** ☒ Delete
NAME **FRYER, JOHN F**
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 2000**
CITY-ST-ZIP **PORTLAND OR 97232**

TITLE **AS** ☐ Change ☒ Addition
NAME **Larry O. Martin**
STREET ADDRESS **825 NE Multnomah St., Ste 2000**
CITY-ST-ZIP **Portland, OR 97232**

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: *Andrew P. Haller* **Andrew P. Haller, Secretary**

1/8/02

(503) 813-7072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)