## 2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

Zip

## DOCUMENT # **F99000003870**

Suite, Apt. #, etc.

City & State

Zip\_\_\_

SIGNATURE

(See criteria on back)

PACIFIC COAST SHOWCASE, INC.

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

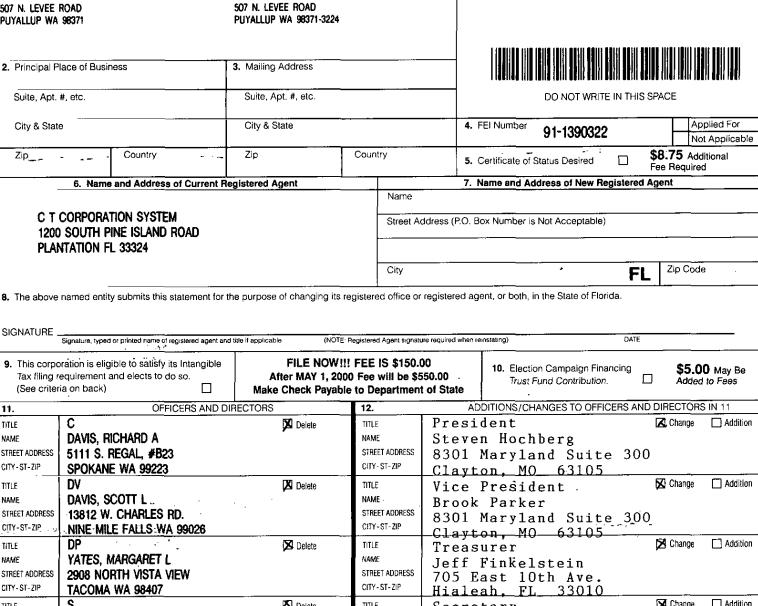
Principal Place of Business	Mailing Address
507 N. LEVEE ROAD PUYALLUP WA 98371	507 N. LEVEE ROAD PUYALLUP WA 98371-3224
2 Principal Place of Rusiness	2 Mailing Address

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

## FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90385 008 \*\*\*150.00



	*						
11.	. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<b>⊠</b> Delete	TITLE	President	Change	☐ Addition	
NAME	DAVIS, RICHARD A	,	NAME	Steven Hochberg		}	
STREET ADDRESS	5111 S. REGAL, #B23		STREET ADDRESS	8301 Maryland Suite 30	0		
CITY-ST-ZIP	SPOKANE WA 99223		CITY-ST-ZIP	Clayton, MO 63105			
TITLE	DV	🔀 Delete	TITLE	Vice President	🔀 Change	Addition	
NAME	DAVIS, SCOTT L		NAME -	Brook Parker			
STREET ADDRESS	13812 W. CHARLES RD.	•	STREET ADDRESS	8301 Maryland Suite 30	io		
CITY-ST-ZIP	NINE MILE FALLS WA 99026		CITY-ST-ZIP	Clayton, MO 63105	<u> </u>		
TITLE	DP	<b>⊠</b> Delete	TITLE	Treasurer	🔀 Change	Addition	
NAME	YATES, MARGARET L		NAME	Jeff Finkelstein		i	
STREET ADDRESS	2908 NORTH VISTA VIEW		STREET ADDRESS	705 East 10th Ave.			
CITY-ST-ZIP	TACOMA WA 98407		CITY-ST-ZIP	Hialeah. FL 33010			
TITLE	S	<b>⊠</b> Delete	TITLE	Secretary	🔀 Change	☐ Addition	
NAME	PLESTER, JAN S		NAME	Debra Reifel			
STREET ADDRESS	4814 S. PENDER LANE		STREET ADDRESS	507 N. Levee RD.			
CITY-ST-ZIP	SPOKANE WA 99224		CITY-ST-ZIP	Puyallup, WA 98371			
TITLE	Т	☑ Delete	TITLE	rayarrap, wa your	☐ Change	Addition	
NAME	STEENBLIK, PAUL K		NAME				
STREET ADDRESS	2605 E. NICKLAUS		STREET ADDRESS				
CITY-ST-ZIP	SPOKANE WA 99223		CITY-ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME			ĺ	
STREET ADDRESS	•		STREET ADDRESS				
City-St-Zip	•		CITY-ST-ZIP				

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

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 attackment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR