

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90031 041 ***150.00

DOCUMENT # F99000006522

1. Entity Name

ASSISTED LIVING CONCEPTS, INC.

Principal Place of Business

Mailing Address

**11835 N.E. GLENN WIDING DRIVE, BLDG. E
 PORTLAND OR 97220**

**11835 N.E. GLENN WIDING DRIVE, BLDG. E
 PORTLAND OR 97220**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

93-1148702

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, KEREN B	
STREET ADDRESS	11835 N.E. GLENN WIDING DRIVE, BLDG. E	
CITY-ST-ZIP	PORTLAND OR 97220	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CAMPBELL, SANDRA	
STREET ADDRESS	11835 N.E. GLENN WIDING DRIVE, BLDG. E	
CITY-ST-ZIP	PORTLAND OR 97220	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRUCKSHANK, JAMES	
STREET ADDRESS	11835 N.E. GLENN WIDING DRIVE, BLDG. E	
CITY-ST-ZIP	PORTLAND OR 97220	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALONEY, CATHY	
STREET ADDRESS	11835 N.E. GLENN WIDING DRIVE, BLDG. E	
CITY-ST-ZIP	PORTLAND OR 97220	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BALDWIN, CONNIE	
STREET ADDRESS	11835 N.E. GLENN WIDING DRIVE, BLDG. E	
CITY-ST-ZIP	PORTLAND OR 97220	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARKER, PAUL	
STREET ADDRESS	11835 N.E. GLENN WIDING DRIVE, BLDG. E	
CITY-ST-ZIP	PORTLAND OR 97220	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

Sandra Campbell, Secretary 2/15/00 (503) 408-5299

CR2E034 (9/99)