

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90026 026 ****50.00

DOCUMENT # M99000001223

1. Entity Name

GFS RIVER BEND LLC

Principal Place of Business

**401 SECOND AVENUE SOUTH SUITE 110
 SEATTLE WA 98104**

Mailing Address

**401 SECOND AVENUE SOUTH SUITE 110
 SEATTLE WA 98104**

2. Principal Place of Business

2801 ALASKAN WAY

3. Mailing Address

2801 ALASKAN WAY

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Seattle WA

City & State

Seattle WA

Zip

WA 98121

Country

USA

Zip

98121

Country

USA

4. FEI Number

91-1977724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT 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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **GOODMAN, JOHN A**
 STREET ADDRESS **401 SECOND AVENUE SOUTH SUITE 110**
 CITY-ST-ZIP **SEATTLE WA 98104**

TITLE **MGR** ☐ Delete
 NAME **HARRELSON, STAN**
 STREET ADDRESS **401 SECOND AVENUE SOUTH SUITE 110**
 CITY-ST-ZIP **SEATTLE WA 98104**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME **2801 ALASKAN WAY, SUITE 200**
 STREET ADDRESS **Seattle WA 98121**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **2801 ALASKAN WAY, SUITE 200**
 STREET ADDRESS **Seattle WA 98121**
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)