

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91083 034 ***150.00

DOCUMENT # P17376

1. Entity Name

EVERGREEN AVIATION GROUND LOGISTICS ENTERPRISE,

Principal Place of Business

**3850 THREE MILE LANE
 MCMINNVILLE OR 97128-9496**

Mailing Address

**3850 THREE MILE LANE
 MCMINNVILLE OR 97128-9496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: TAX DEPT.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **93-0876736**

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 S 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, 2001 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	BAUER, BRIAN	
STREET ADDRESS	3850 THREE MILE LANE	
CITY-ST-ZIP	MCMINNVILLE OR 97128	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPENCER, MIKE	
STREET ADDRESS	3850 THREE MILE LANE	
CITY-ST-ZIP	MCMINNVILLE OR 97128	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DELFORD M	
STREET ADDRESS	3850 THREE MILE LANE	
CITY-ST-ZIP	MCMINNVILLE OR 97128	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANE, RONALD A	
STREET ADDRESS	3850 THREE MILE LANE	
CITY-ST-ZIP	MCMINNVILLE OR 97128	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAHLBERG, TIMOTHY G	
STREET ADDRESS	3850 THREE MILE LANE	
CITY-ST-ZIP	MCMINNVILLE OR 97128	
TITLE		<input type="checkbox"/> Delete
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN T. BAUER	
STREET ADDRESS	3850 THREE MILE LANE	
CITY-ST-ZIP	MCMINNVILLE, OR 97128	
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

Michael Spencer

Date

Daytime Phone #

4/25/01

CR2E034 (10/00)

767966



DO NOT WRITE IN THIS SPACE