

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P28736**

1. Entity Name

HOLIDAY RETIREMENT CORP.*ap 11/6***FILED****Jan 25, 2000 8:00 am
Secretary of State**

01-25-2000 90048 001 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 14111
SALEM OR 97309
USPO BOX 14111
ATTN: DELLANE COLSON
SALEM OR 97309-5026
US**C0010300**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **93-0937196**Applied For
Not Applied

Zip

Country

Zip

Country

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

**CT CORPORATION
1200 S. PINE ISLAND RD.
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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	COLSON, WILLIAM E.	2250 MCGILCHRIST ST. SE	SALEM OR				
	VPD						
	COLSON, BARTON	2250 MCGILCHRIST ST. SE	SALEM OR				
	SD						
	BRUCE D THORN	2250 MCGILCHRIST ST. SE	SALEM OR 97302				
	D						
	HUDDART, JAMES L.	3276 COMMERCIALM ST.	SALEM OR				
	D						
	BATY, DANIEL R.	2105 N. 30TH STREET	TACOMA WA				

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 #

*1/17/00***503 370-7071
X 7209**