

2001 UNIFORM BUSINESS REPORT (UBR)

0605766

DOCUMENT # P37351

1. Entity Name

CLASSIC RETIREMENT CORP.

FILED

01 MAR -7 PM 3:35

Principal Place of Business

ATTN: DELLANE COLSON
P.O. BOX 14111
SALEM OR 97309

Mailing Address

ATTN: DELLANE COLSON
P.O. BOX 14111
SALEM OR 97309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 93-0169627

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH 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
NAME COLSON, WILLIAM E.
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM OR ☐ Delete

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

TITLE V
NAME BATY, DANIEL R.
STREET ADDRESS 2105 N. 30TH STREET
CITY-ST-ZIP TACOMA WA ☐ Delete

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

TITLE S
NAME COLSON, BARTON G
STREET ADDRESS 2250 MCGILCHRIST ST SE
CITY-ST-ZIP SALEM OR ☐ Delete

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

TITLE T
NAME BRENDEN, NORMAN L.
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM OR ☐ Delete

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

TITLE D
NAME COLSON, WILLIAM E.
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM OR ☐ Delete

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

TITLE D
NAME BRENDEN, NORMAN L.
STREET ADDRESS 2250 MCGILCHRIST ST SE
CITY-ST-ZIP SALEM OR 97302 ☐ Delete

TITLE ☐ Change ☐ 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

Norman L. Brenden

1/24/01

Date

503 370 7071
X 7209

Daytime Phone #

CR2E034 (10/00)