

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016106

1. Entity Name
EVENT COORDINATORS, INC.

Principal Place of Business
14510 SW CHESTERFIELD LN
TIGARD OR 97224

Mailing Address
14510 SW CHESTERFIELD LN
TIGARD OR 97224

2. Principal Place of Business
5969 Nelson Place SE
Suite, Apt. #, etc.

3. Mailing Address
5969 Nelson Place SE
Suite, Apt. #, etc.

City & State
Salem OR

City & State
Salem OR

Zip
97306

Country
USA

Zip
97306

Country
USA

4. FEI Number 65-0748554

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLENSKY, WILLIAM
2531 S.W. DALLAS STREET
PORT ST. LUCIE FL 34953

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P
NAME HOLLISTER, TIM
STREET ADDRESS 14510 SW CHESTERFIELD LN
CITY-ST-ZIP TIGARD OR 97224 ☐ Delete

TITLE V
NAME HOLLISTER, BRENDA
STREET ADDRESS 14510 SW CHESTERFIELD
CITY-ST-ZIP TIGARD OR 92-7224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Hollister, Tim
STREET ADDRESS 5969 Nelson Place SE
CITY-ST-ZIP Salem OR 97306

TITLE V ☒ Change ☐ Addition
NAME Hollister, Brenda
STREET ADDRESS 5969 Nelson Place SE
CITY-ST-ZIP Salem-OR 97306

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

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

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

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: *Brenda Hollister* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

503-399-7204

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90001 042 ***550.00

00086259



DO NOT WRITE IN THIS SPACE

CR2E034 15/00