

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

09-18-2000 90001 042 \*\*\*550.00

**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

00086259



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number **65-0748554**

Applied For  
 Not Applicable

Zip  
**97306**

Country  
**USA**

Zip  
**97306**

Country  
**USA**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLLISTER, TIM</b> <b>14510 SW CHESTERFIELD LN</b> <b>TIGARD OR 97224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Hollister, Tim</b> <b>5969 Nelson Place SE</b> <b>Salem OR 97306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HOLLISTER, BRENDA</b> <b>14510 SW CHESTERFIELD</b> <b>TIGARD OR 92-7224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Hollister, Brenda</b> <b>5969 Nelson Place SE</b> <b>Salem-OR: 97306</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date **9/12/00** Daytime Phone # **503-399-7204**

CR2E034 15/00