

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000016106

FILED  
Mar 13, 2002 8:00 AM  
Secretary of State

Entity Name: EVENT COORDINATORS, INC.

## Current Principal Place of Business:

5969 NELSON PLACE SE  
SALEM, OR 97306

## New Principal Place of Business:

1995 SAGINAW STREET SOUTH  
SALEM, OR 97302

## Current Mailing Address:

5969 NELSON PLACE SE  
SALEM, OR 97306

## New Mailing Address:

1995 SAGINAW STREET SOUTH  
SALEM, OR 97302

FEI Number: 65-0748554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

OLENSKY, WILLIAM  
2531 SW DALLAS STREET  
PORT ST LUCIE, FL 34953

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: \_\_\_\_\_

03/13/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOLLISTER, TIM  
Address: 14510 SW CHESTERFIELD LN  
City-St-Zip: TIGARD, OR 97224

Title: V ( ) Delete  
Name: HOLLISTER, BRENDA  
Address: 14510 SW CHESTERFIELD  
City-St-Zip: TIGARD, OR 927224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: HOLLISTER, BRENDA  
Address: 1995 SAGINAW STREET SOUTH  
City-St-Zip: SALEM, OR 97302

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA HOLLISTER

V

03/13/2002

Electronic Signature of Signing Officer or Director

Date