

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90264 001 \*\*\*300.00

DOCUMENT # **586297**  
 1. Entity Name  
**PHC Properties Corporation**

Principal Place of Business      Mailing Address  
**825 NE Multnomah**      **825 NE Multnomah**  
**Suite 1800**      **Suite 1800**  
**Portland, OR 97232**      **Portland, OR 97232**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**93-1067588**      Not Applicable  
 5. Certificate of Status Desired      ☐ **\$8.75** Additional Fee Required

**17124**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**CT Corporation System**      Name  
**1200 South Pine Island Road**      Street Address (P.O. Box Number is Not Acceptable)  
**Plantation, FL 33324**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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                      | <b>DIRECTOR &amp; PRESIDENT</b>   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Craig N. Longfield</b>         |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>825 NE Multnomah, Ste 1800</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>Portland, OR 97232</b>         |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>SECRETARY</b>                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Lenore Martin</b>              |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>825 NE Multnomah, Ste 1800</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>Portland, OR 97232</b>         |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>TREASURER</b>                  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Bruce N. Williams</b>          |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>825 NE Multnomah, Ste 1800</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>Portland, OR 97232</b>         |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   |                                 | NAME  |  |   |
| STREET ADDRESS             |                                   |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                   |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   |                                 | NAME  |  |   |
| STREET ADDRESS             |                                   |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                   |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   |                                 | NAME  |  |   |
| STREET ADDRESS             |                                   |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                   |                                 | 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 **Michael T. Winslow**      **Michael T. Winslow, Asst. Secretary**      **5/9/00**      **(503) 813-7072**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #