

Filed Secretary of State State of Washington Date Filed: 02/19/2021 Effective Date: 02/19/2021

UBI#: 604 289 116

## STATEMENT OF REINSTATEMENT

## **BUSINESS INFORMATION**

**Business Name:** 

PACIFIC ALBACORE TROLLERS ASSOCIATION

**UBI** Number: 604 289 116

Business Type:

WA NONPROFIT CORPORATION

**Business Status:** 

ACTIVE

Principal Office Street Address:

3663 DEER PARK RD, PORT ANGELES, WA, 98362-8276, UNITED STATES

Principal Office Mailing Address:

3663 DEER PARK RD, PORT ANGELES, WA, 98362-8276, UNITED STATES

Expiration Date:

05/31/2022

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

05/31/2018

Period of Duration:

**PERPETUAL** 

Inactive Date:

Nature of Business:

CHARITABLE, REPRESENTATION OF COMMERCIAL FISHERS IN BOTH LOCAL AND INTERNATIONAL FISHERIES COMMISSIONS. VOICE OF SUSTAINABLE FISHERS FOR HIGHLY MIGRATORY SPECIES. UNITE OFF-SHORE FISHERS FROM ALL NATIONS WHO SHOW INTEREST OR PARTICIPATE IN TROLLING FOR ALBACORE TUNA.

## **BUSINESS NAME**

**Business Name** 

PACIFIC ALBACORE TROLLERS ASSOCIATION

# REGISTERED AGENT

**Registered Agent** 

**Street Address** Name

**Mailing Address** 

Work Order #: 2021021700110480 - 1 Received Date: 02/17/2021

14900 INTERURBAN AVE S, TUKWILA, WA, 14900 INTERURBAN AVE S, TUKWILA, WA,

98168-4635, UNITED STATES

98168-4635, UNITED STATES

# REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - Yes

# PRINCIPAL OFFICE

Phone:

707-338-7138

Email:

RENAGADEKNITTER@GMAIL.COM

Street Address:

3663 DEER PARK RD, PORT ANGELES, WA, 98362-8276, UNITED STATES

Mailing Address:

3663 DEER PARK RD, PORT ANGELES, WA, 98362-8276, UNITED STATES

# **GOVERNORS**

Title	Governor Type	<b>Entity Name</b>	First Name	Last Name
GOVERNOR	INDIVIDUAL		JOHN	HARDER
GOVERNOR	INDIVIDUAL		JOE	MALLEY
GOVERNOR	INDIVIDUAL		PAUL	HOWSE
GOVERNOR	INDIVIDUAL		JOHN	MADDEN
GOVERNOR	INDIVIDUAL		JACK	ROKOTUIWAYAYA
GOVERNOR	INDIVIDUAL		NORM	BROCHNO
GOVERNOR	INDIVIDUAL		GORDY	BROOKS
GOVERNOR	INDIVIDUAL		BUTCH	CANTY
GOVERNOR	INDIVIDUAL		RON	KAY

# NATURE OF BUSINESS

Nature of Business:

**CHARITABLE** 

REPRESENTATION OF COMMERCIAL FISHERS IN BOTH LOCAL AND INTERNATIONAL FISHERIES COMMISSIONS. VOICE OF SUSTAINABLE FISHERS FOR HIGHLY MIGRATORY SPECIES. UNITE OFF-SHORE FISHERS FROM ALL NATIONS WHO SHOW INTEREST OR PARTICIPATE IN TROLLING FOR ALBACORE TUNA.

# ANNUAL FEE CALCULATIONS

Filing Name	Annual year	Fee
REINSTATEMENT		\$35.00
NONPROFITS: REINSTATEMENTS, FOREIGN REGISTRATIONS ANNUAL REPORT FEE	05/31/2020	\$10.00

Work Order #: 2021021700110480 - 1 Received Date: 02/17/2021

E 05/31/2021

Total: \$75.00

\$10.00

\$20.00

# **EFFECTIVE DATE**

Effective Date: **02/19/2021** 

**PROCESSING** 

#### CONTROLLING INTEREST

- 1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?
- 2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least  $16\frac{2}{3}$  percent interest in the entity?

NO

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

NO

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity? **NO** 

You must report a Controlling Interest Transfer Return IF: you answered "yes" to questions 1 AND 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, visit <u>www.dor.wa.gov/REET</u>.

# RETURN ADDRESS FOR THIS FILING

Attention:

JOHN HARDER

Email:

PACIFICALBACORETROLLERSAI@GMAIL.COM

Address:

3663 DEER PARK RD, PORT ANGELES, WA, 98362-8276, UNITED STATES

## UPLOAD ADDITIONAL DOCUMENTS

Name Document Type

IRS CLAUSES.pdf UPLOADED DOCUMENT

## **EMAIL OPT-IN**

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

# **AUTHORIZED PERSON - STAFF CONSOLE**

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Document is signed.

Person Type:

INDIVIDUAL

First Name:

**JOHN** 

Last Name:

**HARDER** 

Title:

**PRESIDENT** 

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