

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836512

1. Entity Name

COLUMBIA COLLEGE (CORPORATION)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90048 047 ****70.00

Principal Place of Business

Mailing Address

1001 ROGERS
COLUMBIA MO 65216

1001 ROGERS
COLUMBIA MO 65216-0001

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
43-0655867

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REED, JOSEPH O. J
ORLANDO EXECUTIVE CENTER
2600 TECHNOLOGY DR., SUITE 100
ORLANDO FL 32804

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

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	GROSSNICKLE, DAISY	
STREET ADDRESS	3639 AUGUSTA	
CITY-ST-ZIP	COLUMBIA MO	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROUDER, GERALD T.	
STREET ADDRESS	COLUMBIA COLLEGE, 1001 ROGERS	
CITY-ST-ZIP	COLUMBIA MO	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, THOMAS	
STREET ADDRESS	P.O. BOX 756 N/A	
CITY-ST-ZIP	COLUMBIA MO 65205	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	TOLER, MARTY	
STREET ADDRESS	1826 HIGHBRIDGE DR	
CITY-ST-ZIP	COLUMBIA MO	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOYER, BRUCE B	
STREET ADDRESS	4409 SHORAM COURT	
CITY-ST-ZIP	COLUMBIA MO 65203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Scotten	
STREET ADDRESS	1001 Rogers Street	
CITY-ST-ZIP	Columbia, MO 65216	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rich Montgomery	
STREET ADDRESS	1001 Rogers Street	
CITY-ST-ZIP	Columbia, MO 65216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-00 573-875-7200

CR2E037 (9/99)