

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836512

Entity Name

COLUMBIA COLLEGE (CORPORATION)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90600 024 ****61.25

0088371

Principal Place of Business

1001 ROGERS
COLUMBIA MO 65216

Mailing Address

1001 ROGERS
COLUMBIA MO 65216

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

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:
FEE 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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GROSSNICKLE, DAISY
3639 AUGUSTA
COLUMBIA MO

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BROUDER, GERALD T.
COLUMBIA COLLEGE, 1001 ROGERS
COLUMBIA MO

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
SCOTTEN, DAN
1001 ROGERS ST
COLUMBIA MO 65216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
MONTGOMERY, RICH
1001 ROGERS ST
COLUMBIA MO 65216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BOYER, BRUCE B
4409 SHORAM COURT
COLUMBIA MO 65203

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1001 ROGERS ST.
Columbia, mo 65216

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD BROUDER

1-26-01

579-875-7200

Date

Daytime Phone #

CR2E037 (10/00)