2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT #747318 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT 03-01-2000 90089 038 ****61.25 Principal Place of Business Mailing Address 6301 KIRKWOOD BLVD SW 6301 KIRKWOOD BLVD SW LINN HALL 134 LINN HALL 134 CEDAR RAPIDS IA 52406 CEDAR RAPIDS IA 52404-5260 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Numbe 59-2073513 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HALDER, JOHN C/O DON MATTHEWS 1200 W INTERNATIONAL SPEEDWAY BLVD City Zip Code DAYTONA BCH FL 32120 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) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ISMD TITLE ☐ Delete TITLE NAME HALDER, JOHN NAME STREET ADDRESS 1200 W INT'L SPEEDWAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DAYTONA BCH FL 32120 Addition ☐ Change TITLE CD □ Delete TITLE NAME NAME BLONG, JOHN STREET ADDRESS STREET ADDRESS 306 W RIVER DR CITY-ST-ZIP CITY-ST-ZIP DAVENPORT IA 52801 Change ☐ Addition TITI F ☐ Delete TITLE NAME nielson, norm NAME NIELSEN STREET ADDRESS STREET ADDRESS 6301 KIRKWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP CEDAR RAPIDS IA <u>52406</u> ☐ Addition ☐ Delete Change TITLE NAME NAME TSUNODA, JOYCE STREET ADDRESS STREET ADDRESS 2444 DOLE ST CITY-ST-7IP CITY-ST-ZIP Honolulu Hi 96822 ☐ Delete TITLE Change ☐ Addition TITLE NAME GEORGE, ORLANDO STREET ADDRESS STREET ADDRESS RT 13 DENNEY'S RD CITY-ST-ZIP CITY-ST-ZIP DOVER DE 19901 ☐ Delete TITLE Change ■ Addition TITLE NAME HERNANDEZ, EDDIE NAME STREET ADDRESS STREET ADDRESS 12323 N BROADWAY STE 410 CITY-ST-ZIP CITY-ST-ZIP Santa ana ca 92706 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