

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002645

1. Entity Name

THE COLUMBIA FELLOWSHIP, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90023 024 ****61.25

Principal Place of Business

441 NORTH TEMPLE AVENUE
STARKE FL

Mailing Address

PO BOX 251
KEYSTONE HGHTS FL 32656-0251

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3538479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABLES, RICHARD
7849 SR 21 (P.O. Box 881)
KEYSTONE HEIGHTS FL 32656

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	D	<input type="checkbox"/> Delete
NAME	WAGONER, SAM	
STREET ADDRESS	6598 CAMELOT COURT	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISBEE, ANATOLE	
STREET ADDRESS	6426 CR 214	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICKINSON, DAVID	
STREET ADDRESS	5500 LAREDO STREET	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWARTZWELDER, DAVID	
STREET ADDRESS	175 S.W. FAIRWAY DRIVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABLETS, RICHARD	
STREET ADDRESS	PO BOX 881	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BADER, PAUL	
STREET ADDRESS	5741 OVERLOOK DRIVE W.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD J. O'CONNELL	
STREET ADDRESS	430 S.W. NIGHTINGALE ST.	
CITY-ST-ZIP	KEYSTONE HTS FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABLES, RICHARD	
STREET ADDRESS	7849 SR 21 P.O. Box 881	
CITY-ST-ZIP	KEYSTONE HTS FL 32656	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABLES, MARK R.	
STREET ADDRESS	P.O. BOX 1422	
CITY-ST-ZIP	KEYSTONE HTS FL 32656	

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:

Richard J. O'Connell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2000 (352)
473-3492
Date Daytime Phone #

CR2E037 (9/99)