

DOCUMENT # 703251

1. Entity Name

ST. THOMAS UNIVERSITY, INC.

Principal Place of Business

% NORMAN A. BLAIR  
16400 NORTHWEST 32ND AVENUE  
MIAMI FL 33054

Mailing Address

% NORMAN A. BLAIR  
16400 NORTHWEST 32ND AVENUE  
MIAMI FL 33054-6459FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 23 PM 12:51

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

59-0949880

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK ESQ.  
110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES FL 33134

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CASALE, FRANKLYN M  
16400 N.W. 32ND. AVENUE  
MIAMI FL 33054 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
0000003155530--3  
-03/06/00--01002--00\$  
\*\*\*\*\*20.00 \*\*\*\*\*20.00TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CT  
RUSSOMANNO, HERMAN  
150 WEST FLAGLER ST.  
MIAMI FL 33130 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(CT) Ann P. Machado ☒ Change ☐ Addition  
Creative Staffing  
7700 N. Kendall Drive, # 300  
Miami, Florida 33156TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCT  
HIGGINBOTTOM, SAMUEL  
ONE ALHAMBRA PLAZA  
CORAL GABLES FL 33134 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(VCT) James E. McDonald ☒ Change ☐ Addition  
200 S. Biscayne Blvd. #3410  
Miami, Florida 33131TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
WORLEY, ELIZABETH SR.  
3663 SOUTH MIAMI AVENUE  
MIAMI FL ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(ST) Robert J. McKee ☒ Change ☐ Addition  
700 S.E. 3rd Avenue, # 100  
Ft. Lauderdale, Fl. 33316TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BLAIR, NORMAN A  
16400 N.W. 32ND AVE.  
MIAMI FL 33054 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
HENNESSEY, WILLIAM J REV MSG  
9401 BISCAYNE BLVD.  
MIAMI SHORES FL 33138 ☐ DeleteTITLE  
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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(305) 628-6518

Daytime Phone #

CR2E037 (9/99)