

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711458

1. Entity Name

BARRY UNIVERSITY, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90141 043 ****70.00

Principal Place of Business 11300 N.E. SECOND AVENUE MIAMI FL 33161	Mailing Address 11300 N.E. SECOND AVENUE MIAMI FL 33161-6628
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0624364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'LAUGHLIN, JEANNE SISTER
11300 NE SECOND AVE
MIAMI FL 33161**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S <input type="checkbox"/> Delete
NAME	FREI, JOHN KAREN SISTER
STREET ADDRESS	11300 NE SECOND AVE
CITY-ST-ZIP	MIAMI FL
TITLE	V <input type="checkbox"/> Delete
NAME	LEE, J PATRICK
STREET ADDRESS	275 NE 122ND ST
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> Delete
NAME	CZERNIEC, TIMOTHY H
STREET ADDRESS	1430 MESSINA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	ANDREAS, D. INEZ
STREET ADDRESS	9909 COLLINS AVE.
CITY-ST-ZIP	BAL HARBOUR FL
TITLE	D <input type="checkbox"/> Delete
NAME	LANDON, KIRK R.
STREET ADDRESS	11222 QUAIL ROOST DR.
CITY-ST-ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> Delete
NAME	O'LAUGHLIN, JEANNE SISTER
STREET ADDRESS	11300 NE SECOND AVE
CITY-ST-ZIP	MIAMI FL

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
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STREET ADDRESS	
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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 like empowerers.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior Vice President for Business and Finance
 Date: 05-01-00 Daytime Phone #: (305) 899-3050

CR2E037 (9/99)