

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711458

1. Entity Name

BARRY UNIVERSITY, INC.

Principal Place of Business

11300 N.E. SECOND AVENUE  
MIAMI FL 33161

Mailing Address

11300 N.E. SECOND AVENUE  
MIAMI FL 33161

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

59-0624364

Applied For

Not Applicable

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete  
NAME FREI, JOHN KAREN SISTER  
STREET ADDRESS 11300 NE SECOND AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME LEE, J PATRICK  
STREET ADDRESS 275 NE 122ND ST  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME LEE, J PATRICK  
STREET ADDRESS 11300 NE SECOND AVE  
CITY-ST-ZIP MIAMI FL

TITLE T ☐ Delete  
NAME CZERNIEC, TIMOTHY H  
STREET ADDRESS 1430 MESSINA AVE  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition  
NAME CZERNIEC, TIMOTHY H  
STREET ADDRESS 11300 NE SECOND AVE  
CITY-ST-ZIP MIAMI, FL

TITLE D ☐ Delete  
NAME ANDREAS, D. INEZ  
STREET ADDRESS 9909 COLLINS AVE.  
CITY-ST-ZIP BAL HARBOUR FL

TITLE ☒ Change ☐ Addition  
NAME ANDREAS, D. INEZ  
STREET ADDRESS 11300 NE SECOND AVE  
CITY-ST-ZIP MIAMI, FL

TITLE D ☐ Delete  
NAME LANDON, KIRK R.  
STREET ADDRESS 11222 QUAIL ROOST DR.  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME LANDON, KIRK R.  
STREET ADDRESS 11300 NE SECOND AVE  
CITY-ST-ZIP MIAMI, FL

TITLE PD ☐ Delete  
NAME O'LAUGHLIN, JEANNE SISTER  
STREET ADDRESS 11300 NE SECOND AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ 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 officers empowered.

Senior Vice Pres. for Business and Finance

SIGNATURE: Timothy H. Czerniec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/01/01 305-899-3050

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

RECEIVED

FILED  
May 10, 2001 8:00 am  
Secretary of State  
05-10-2001 90136 016 \*\*\*\*\*70.00