

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **702242** (9)  
 1. Corporation Name  
**UNIVERSITY OF MIAMI**



Principal Place of Business		Mailing Address	
OFFICE OF THE BOARD OF TRUSTEES PO BOX 248042 CORAL GABLES FL 33124-4624 US		OFFICE OF THE BOARD OF TRUSTEES PO BOX 248042 CORAL GABLES FL 33124-4624 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**04/07/1961**

4. FEI Number  
**59-0624458**

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HILL, GEORGE  
 ROOM 600, PARK PLAZA WEST  
 1611 N.W. 12 AVENUE  
 MIAMI, FL 33136**

10. Name and Address of New Registered Agent

81 Name	<b>Juan D. Reyes, Admin., Risk Mangmt.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>Park Plaza West; Lower Level; Rm. 309</b>		
83	<b>1611 N.W. 12 Avenue</b>		
84 City	<b>Miami</b>	85 Zip Code	<b>FL 33136</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE *Juan D. Reyes* **Juan D. Reyes, Administrator, Risk Management** DATE **4/8/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOOTE, EDWARD T. II	
STREET ADDRESS	8585 OLD CUTLER RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBB, CHARLES E, JR	
STREET ADDRESS	2333 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LA PAZ, LOURDES F	
STREET ADDRESS	90 EDGEWATER DRIVE, #717	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, LEONARD	
STREET ADDRESS	700 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, DAVID R	
STREET ADDRESS	2333 PONCE DE LEON BOULEVARD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICE, CHARLES E	
STREET ADDRESS	50 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See Exhibit "A" attached hereto.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Robert L. Blake
3.3 STREET ADDRESS	16240 Oneida Place
3.4 CITY-ST-ZIP	Davié, FL 33331
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Blake* **ROBERT L. BLAKE** DATE **4/22/94** (305) 284-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)

**University of Miami Board of Trustees**

Post Office Box 248042  
Coral Gables, Florida 33124-4624

**EXHIBIT "A"**

**Leonard Miller**  
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\* \* \*

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Vice Chairman

**Phillip Frost**  
Vice Chairman

**David R. Weaver**  
Vice Chairman

\* \* \* \* \*

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Chairman and Chief Executive Officer  
City National Bank of Florida  
25 West Flagler Street, Sixth Floor  
Post Office Box 025620  
Miami, Florida 33102  
Telephone: 305.577-7352  
Fax: 305.577-7495

**Mr. Jose R. Arriola**  
Avanti/Case-Hoyt, Inc.  
13449 Northwest 42nd Avenue  
Miami, Florida 33054

**Mr. Michael I. Abrams**  
D.A.A. and Associates  
2999 Northeast 191 Street, Suite 409  
Aventura, Florida 33180  
Telephone: 305.816-1333  
Fax: 305.935-4092

**Mr. Jose P. Bared**  
Chairman and Chief Executive Officer  
Farm Stores  
5800 Northwest 74th Avenue  
Miami, Florida 33166  
Telephone: 305.592-3100 Ext. 2206  
Fax: 305.592-2582

**Ms. Betty G. Amos<sup>2</sup>**  
President  
The Abkey Companies  
3334 Main Highway, Third Floor  
Post Office Box 330927  
Coconut Grove, Florida 33233-0927  
Telephone: 305.442-4284  
Fax: 305.567-0409

**Mr. Fred Berens**  
Senior Vice President  
Prudential Securities  
3200 First Union Financial Center  
200 South Biscayne Boulevard  
Miami, Florida 33131-2364  
Telephone: 305.372-7033  
Fax: 305.577-0207

**Mr. Stanley H. Arkin**  
President  
Arkin Consulting, Inc.  
5500 Collins Avenue, Apartment 603  
Miami Beach, Florida 33140  
Telephone: 305.992-6757 (cell.)  
Fax: 305.861-0428

**Mr. Nicholas A. Buoniconti**  
Chief Operating Officer and  
Vice Chairman of the Board  
Columbia Laboratories, Inc.  
Penthouse IIB, Grand Bay Plaza  
2665 South Bayshore Drive  
Miami, Florida 33133  
Telephone: 305.860-8585  
Fax: 305.860-1671

**Page 2 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-4624**

**Mr. M. Anthony Burns**  
Chairman, President and Chief  
Executive Officer  
Ryder System, Inc.  
3600 Northwest 82nd Avenue  
Miami, Florida 33166  
Telephone: 305.500-3497  
Fax: 305.500-4196

**Mr. Victor E. Clarke**  
President and Chief Executive Officer  
Gables Engineering, Inc.  
247 Greco Avenue  
Coral Gables, Florida 33146  
Telephone: 305.442-2578  
Fax: 305.442-2068

**The Honorable Charles E. Cobb, Jr. <sup>1</sup>**  
Sr. Managing Director and Chief  
Executive Officer  
Cobb Partners, Inc.  
Penthouse 1111  
2333 Ponce de Leon Boulevard  
Coral Gables, Florida 33134  
Telephone: 305.441-1700  
Fax: 305.445-5674

**Mr. Dean C. Colson**  
Partner  
Colson, Hicks, Eidson, Colson & Matthews  
4700 First Union Financial Center  
200 South Biscayne Boulevard  
Miami, Florida 33131-2351  
Telephone: 305.373-5400  
Fax: 305.374-4796

**Ms. Laura Coulter-Jones**  
65 Leucadendra Drive  
Coral Gables, Florida 33156

**Mr. Nicholas A. Crane**  
President  
NuCrane Corporation  
Suite 700  
2100 Ponce de Leon Boulevard  
Coral Gables, Florida 33134  
Telephone: 305.445-8261  
Fax: 305.441-1275

**Dr. Edward A. Dauer <sup>2</sup>**  
President  
Florida Medical Center, Inc.  
Suite 145  
4850 West Oakland Park Boulevard  
Ft. Lauderdale, Florida 33313-1503  
Telephone: 954.735-6000  
Miami #: 305.940-5348  
Fax: 954.739-2587

**Mr. Carlos M. de la Cruz, Sr.**  
Chairman of the Board and Chief  
Executive Officer  
Eagle Brands, Inc.  
3201 Milam Dairy Road  
Miami, Florida 33122  
Telephone: 305.599-2337  
Fax: 305.599-0355

**Mr. Edward W. Easton**  
President  
Easton-Babcock & Associates, Inc.  
300 Greco Avenue  
Coral Gables, Florida 33146  
Telephone: 305.448-9999  
Fax: 305.444-5934

**Mrs. Gloria Estefan**  
Estefan Enterprises, Inc.  
Attn: Frank Amadeo/Mari Vilar  
555 Jefferson Avenue  
Miami Beach, Florida 33139  
Telephone: 305.534-4330  
Fax: 305.534-5220

**Page 3 – Board of Trustees, University of Miami, Coral Gables, Florida 33124-4624**

**Mr. Richard D. Fain**  
Chairman and Chief Executive Officer  
Royal Caribbean Cruises, Ltd.  
1050 Caribbean Way  
Miami, Florida 33132-2074  
Telephone: 305.539-6603  
Fax: 305.372-0441

**Mr. George Feldenkreis**  
Chairman and Chief Executive Officer  
Supreme International Corporation  
3000 Northwest 107 Avenue  
Miami, Florida 33172  
Telephone: 305.592-2830  
Fax: 305.592-8495

**Mr. Enrique C. Falla, Sr.**  
Executive Vice President  
Dow Chemical Company  
600 Grapetree Drive, Apt. 4BS  
Key Biscayne, Florida 33149  
Telephone: 305.361-3044  
Fax: 305.361-1426

**Dr. Phillip Frost**  
Chairman of the Board and Chief  
Executive Officer  
IVAX Corporation  
4400 Biscayne Boulevard, 15th Floor  
Miami, Florida 33137-3227  
Telephone: 305.575-6001  
Fax: 305.575-6016

**Mr. Alfonso Fanjul**  
Chairman  
Flo-Sun Sugar Company  
316 Royal Poinciana Plaza  
Palm Beach, Florida 33480  
Telephone: 561-655-6303  
Miami #: 305.945-5555  
Fax: 561-835-4795

**Mr. David I. Fuente**  
Chairman and Chief Executive Officer  
Office Depot, Inc.  
2200 Old Germantown Road  
Delray Beach, Florida 33445  
Telephone: 561.265-4231  
Fax: 561.265-4400

**The Honorable Dante B. Fascell<sup>3</sup>**  
Partner  
Holland & Knight  
540 Brickell Key Drive, Apartment 708  
Miami, Florida 33131  
Telephone: 305.374-8500  
Fax: 305.789-7799

**Dr. Phillip T. George**  
Chairman  
Trivest, Inc.  
2665 South Bayshore Drive, Suite 801  
Miami, Florida 33133  
Telephone: 305.858-2200  
Fax: 305.285-0102

**The Honorable Peter T. Fay**  
Senior United States Circuit Judge  
United States Court of Appeals, Eleventh  
Circuit  
99 Northeast Fourth Street, Room 1255  
Miami, Florida 33132  
Telephone: 305.536-5974  
Fax: 305.536-7586

**Mrs. Thelma V. A. Gibson**  
President  
Theodore R. Gibson Memorial Fund  
3661 Franklin Avenue  
Coconut Grove, Florida 33133  
Telephone: 305.442-9613  
305.446-1543

**Page 4 – Board of Trustees, University of Miami, Coral Gables, Florida 33124-4624**

**Mr. R. Ray Goode<sup>1</sup>**  
Senior Vice President, Public Affairs  
Ryder System, Inc.  
3600 Northwest 82nd Avenue  
Miami, Florida 33166  
Telephone: 305.500-4583  
Fax: 305.500-4579

**Mrs. Rose Ellen Greene**  
201 Solano Prado  
Coral Gables, Florida 33156  
Telephone: 305.665-8682  
Fax: 305.661-0660

**Mrs. Florence Hecht<sup>1</sup>**  
General Partner, Flagler Greyhound Track  
& Director, Southwest Florida Enterprises  
Three Grove Isle Drive, Apartment 1401  
Miami, Florida 33133  
Telephone: 305.854-9984  
Fax: 305.643-4328

**Mr. Arthur H. Hertz**  
Chairman of the Board and Chief  
Executive Officer  
Wometco Enterprises, Inc.  
3195 Ponce de Leon Boulevard  
Coral Gables, Florida 33134  
Telephone: 305.529-1403  
Fax: 305.529-1485

**Mr. H. Wayne Huizenga**  
Chairman  
Huizenga Holdings, Inc.  
450 East Las Olas Boulevard, Suite 1500  
Fort Lauderdale, Florida 33301  
Telephone: 954.627-5022  
Fax: 954.627-5050

**Mr. Estefano Isaias**  
Director  
Republic Banking Corporation of Florida  
2800 Ponce de Leon, 15th Floor  
Miami, Florida 33134

**Mr. David Kraslow**  
Vice President (Retired)  
Cox Newspapers  
13647 Deering Bay Drive, Unit 111  
Miami, Florida 33158  
Telephone: 305.254-0155  
Fax: 305.254-0155

**Mr. Henry Latimer**  
Partner  
Eckert, Seamans, Cherin & Mellott  
450 East Las Olas, Suite 800  
Fort Lauderdale, Florida 33301  
Telephone: 954.523-0400  
Fax: 954.523-7002

**Mrs. Arva Parks McCabe**  
President  
Arva Parks & Company  
1601 South Miami Avenue  
Miami, Florida 33129  
Telephone: 305.854-8087  
Fax: 305.858-5874

**Mr. Leonard Miller**  
Chairman of the Board  
Lennar Corporation  
700 Northwest 107th Avenue  
Miami, Florida 33172  
Telephone: 305.229-6421  
Fax: 305.227-7115

**Mr. Archie L. Monroe**  
Vice President and Controller (Retired)  
Exxon Corporation  
2192 Kingfish Road  
Naples, Florida 34102  
Telephone: 941.732-1980  
Fax: 941.732-1981

**Mr. William L. Morrison**  
Northern Trust Bank of Florida  
700 Brickell Avenue, Third Floor  
Miami, Florida 33131-2804

**Page 5 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-4624**

**Mr. Kenneth M. Myers**  
Attorney-at-Law  
Squire, Sanders & Dempsey  
2900 Miami Center  
201 South Biscayne Boulevard  
Miami, Florida 33131  
Telephone: 305.577-8700  
Fax: 305.358-1425

**The Honorable Lenore C. Nesbitt**  
United States District Judge  
United States District Court  
301 North Miami Avenue, Room 340  
Miami, Florida 33128-7784  
Telephone: 305.536-4881  
Fax: 305.530-7753

**Mr. Robert Paul**  
Partner  
Hornsby, Sacher, Zelman, Stanton & Paul  
1401 Brickell Avenue, Suite 700  
Miami, Florida 33131  
Telephone: 305.371-8797  
Fax: 305.374-2605

**Dr. M. Lee Pearce**  
Private Investor  
11880 Southwest 40th Street, Suite 203  
Miami, Florida 33175  
Telephone: 305.373-8873  
Fax: 305.868-0239

**Mr. Fredric G. Reynolds<sup>2</sup>**  
Executive Vice President and Chief  
Financial Officer  
CBS Corporation  
51 West 52nd Street, 35th Floor  
New York, New York 10019  
Telephone: 212.975-4334  
Fax: 212.975-9191

**Mr. Charles E. Rice**  
Director  
Nations Bank Corporation  
50 North Laura Street (32202-3638)  
Post Office Box 40789  
Jacksonville, Florida 32203-0789  
Telephone: 904-791-7425  
Fax: 904-791-7493

**Mr. Carlos A. Saladrigas**  
Chief Executive Officer  
The Vincam Group, Inc.  
2850 Douglas Road  
Coral Gables, Florida 33134-6901  
Telephone: 305.460-2380  
Fax: 305.460-2396

**Mr. Eduardo M. Sardiña**  
President and Chief Executive Officer  
Bacardi-Martini USA, Inc.  
2100 Biscayne Boulevard  
Miami, Florida 33137  
Telephone: 305.573-8511  
Fax: 305.576-7911

**Mr. Robert H. Simms**  
President and Chief Executive Officer  
Bob Simms Associates, Inc.  
7020 Gleneagle Drive  
Miami Lakes, Florida 33014  
Telephone: 305.821-6558  
Fax: 305.821-2397

**Mr. Ronald G. Stone**  
President  
The Comprehensive Companies  
2840 S.W. 3rd Avenue  
Miami, Florida 33129  
Telephone: 305.858-2260  
Fax: 305.858-8924

**Mr. Robert C. Strauss**  
President and Chief Operating Officer  
Noven Pharmaceuticals, Inc.  
11960 Southwest 144 Street  
Miami, Florida 33186  
Telephone: 305.253-5099 (x334)  
Fax: 305.232-1836

**Mrs. Patricia W. Toppel**  
General Partner  
toppel Partners  
7900 Glades Road, Suite 640  
Boca Raton, Florida 33434

Mr. Joseph A. Unanue  
President and Chief Executive Officer  
Goya Foods, Inc.  
100 Seaview Drive  
Seacaucus, New Jersey 07096  
Telephone: 201-348-4900  
Fax: 201-348-1146  
Fax: 201-348-6609

Mr. Gonzalo F. Valdes-Fauli  
Regional Chief Executive/Latin America  
Barclays Bank PLC  
801 Brickell Avenue, 18th Floor  
Miami, Florida 33131  
Telephone: 305.579-8502  
Fax: 305.358-9504

Mr. David R. Weaver  
Chairman and Chief Executive Officer  
Intercap Investments, Inc.  
13643 Deering Bay Drive, PH 165  
Miami, Florida 33158  
Telephone: 305.238-7708  
Fax: 305.238-6706

Reverend Marta S. Weeks  
Episcopal Priest  
Diocese of Southeast Florida  
7350 Southwest 162nd Street  
Miami, Florida 33157  
Telephone: 305.238-8128  
Fax: 305.232-8247

Mrs. Barbara A. Weintraub  
3270 Devon Road  
Miami, Florida 33133  
Telephone: 305.443-1727  
Fax: 305.444-4972

Mr. Sherwood M. Weiser  
Chairman and Chief Executive Officer  
CHC International, Inc.  
3250 Mary Street  
Miami, Florida 33133  
Telephone: 305.445-4220  
Fax: 305.569-7803  
305.445-4255

Mr. G. Ed Williamson II  
President  
Williamson Cadillac Company  
7250 North Kendall Drive  
Miami, Florida 33156  
Telephone: 305.670-7105  
Fax: 305.670-7329

Ms. Frances L. Wolfson  
President  
Marine R Corporation  
15 Casa Mar Lane  
Naples, Florida 34103  
Telephone: 941.649-7828  
Fax: 941.649-6191

Mr. Thomas D. Wood  
Chairman  
Thomas D. Wood and Company  
4665 Ponce de Leon Boulevard  
Coral Gables, Florida 33146  
Telephone: 305.663-3361  
Fax: 305.663-0131

Mr. Charles J. Zwick  
Chairman of the Board (Retired)  
Southeast Banking Corporation  
One Alhambra Plaza, Suite 1115  
Coral Gables, Florida 33134  
Telephone: 305.448-8828  
Fax: 305.448-4572

**EX OFFICIO MEMBERS**

Mr. Edward T. Foote II  
**President**  
University of Miami  
Post Office Box 248006  
Coral Gables, Florida 33124  
Telephone: 305.284-5155  
Fax: 305.284-3768

Mr. John F. Lisk  
**President, Alumni Association**  
Chairman and Chief Executive Officer  
Public Fax Systems, Inc.  
3675 Justison Road  
Coconut Grove, Florida 33133  
Telephone: 305.663-1040  
Fax: 305.663-1060

Mr. Edward A. Strongin  
**Immediate Past President, Alumni Association**  
Partner  
Pinchasik Strongin Muskat Stein  
& Company  
3225 Aviation Avenue, Suite 500  
Miami, Florida 33133  
Telephone: 305.858-5800  
Fax: 305.858-1636

Mrs. Betty G. Amos  
**President-Elect, Alumni Association**  
The Abkey Companies  
3334 Main Highway, Third floor  
Post Office Box 330927  
Coconut Grove, Florida 33233-0927  
Telephone: 305.442-4284  
Fax: 305.567-0409

Mr. S. Samuel Hollander  
**President, Citizens Board**  
President Concept One International, Inc.  
2665 s. Bayshore Drive, Suite 803  
Coconut Grove, Florida 33133

Dr. Gordon R. Miller  
**Immediate Past President, Citizens Board**  
President  
Miller, Kulvin and Poole  
4300 Alton Road  
Miami Beach, Florida 33140  
Telephone: 305.674-2047  
Fax: 305.674-2939

.....  
**EMERITI TRUSTEES**

Mr. Leonard L. Abess  
Chairman of the Board  
City National Bank Corporation  
300 -- 71st Street  
Miami Beach, Florida 33141  
Telephone: 305.866-6861  
Fax: 305.868-2925

Mrs. Bernyce Adler  
Executive Vice Chairman  
Adler Group, Inc.  
Three Grove Isle Drive, Apartment 1205  
Miami, Florida 33133  
Telephone: 305.854-0003  
Fax: 305.854-0153



**Mr. Luis J. Botifoll**  
Director  
Republic National Bank of Miami  
2205 Southwest 8th Street  
Miami, Florida 33135  
Telephone: 305.541-2056  
Fax: 305.541-4970

**Mr. Arthur H. Courshon**  
Of Counsel  
Zack Kosnitsky, PA  
100 S.E. 2nd Street, Suite 2800  
Miami, Florida 33131  
Telephone: 305.39-8400  
Fax: 305.539-1307

**Mr. Louis J. Hector**  
Partner, Steel, Hector & Davis  
Lucille P. Markey Charitable Trust  
3250 Mary Street, Suite 405  
Miami, Florida 33133  
Telephone: 305.445-5612  
Fax: 305.445-6153

**Mr. Thomas N. Kearns**  
President  
Meekins Financial Corporation  
3918 North 29th Avenue  
Hollywood, Florida 33020-1010  
Telephone: 954.920-9493  
Fax: 954.983-5823

**Mr. W. Sloan McCrea**  
Director  
Intercontinental Bank  
200 Southeast First Street, Suite 205  
Miami, Florida 33131  
Telephone: 305.377-6961  
Fax: 305.377-6996

**Ms. Ellen W. McDonnell**  
Secretary  
Biscayne Kennel Club  
3632 Southwest 57th Avenue  
Miami, Florida 33155  
Telephone: 305.666-3598  
Fax: ---

**Mr. Richard W. McEwen**  
Chairman of the Board (Retired)  
Burdines, Florida  
3752 Bobbin Brook West  
Tallahassee, Florida 32312  
Telephone: 904.668-6798  
Fax: 904.668-6798

**Mr. Hank Meyer**  
Chairman and Chief Executive Officer  
(Retired)  
Hank Meyer Associates, Inc.  
5465 Pine Tree Drive  
Miami Beach, Florida 33140  
Telephone: 305.861-0811  
Fax: ---

**Dr. Marilyn Segal**  
Interim Dean, Family Center  
Nova Southeastern University  
3301 College Avenue  
Fort Lauderdale, Florida 33314  
Telephone: 954.452-1451  
Fax: 954.262-3937

**Mr. Don Shoemaker**  
Editor Emeritus  
The Miami Herald  
617 Sabal Palm Road, Bay Point  
Miami, Florida 33137  
Telephone: 305.576-4096  
Fax: ---

**Mr. Peter Storer<sup>4</sup>**  
President  
The George B. Storer Foundation, Inc.  
Post Office Box 1270  
Saratoga, Wyoming 82331  
Telephone: 307.326-8308  
Summer Address:  
1108 Venetian Boulevard  
Post Office Box 1207  
Islamorada, Florida 33036  
Telephone: 1-305.664-4822  
Fax: ---

**Page 9 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-4624**

**Mr. Edward F. Swenson, Jr.  
President  
Edward F. Swenson & Co.  
2699 South Bayshore Drive, Suite 800F  
Cocomut Grove, Florida 33133  
Telephone: 305.856-2704  
Fax: 305.856-2614**

**Mr. Harcourt M. Sylvester, Jr.  
President, Harcourt M. & Virginia W.  
Sylvester Foundation  
250 Barton Avenue  
Palm Beach, Florida 33480  
Telephone: ---  
Fax: ---**

- <sup>1</sup> Life Trustee**
- <sup>2</sup> Alumni Trustee**
- <sup>3</sup> ALL mail to home**
- <sup>4</sup> ALL mail to Wyoming**

LISTS\bodist.lst