

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-26-2000 90184 026 ****70.00

DOCUMENT # 702242
 1. Entity Name
UNIVERSITY OF MIAMI

Principal Place of Business OFFICE OF THE BOARD OF TRUSTEES PO BOX 248042 CORAL GABLES FL 33124-4624 US	Mailing Address OFFICE OF THE BOARD OF TRUSTEES PO BOX 248042 CORAL GABLES FL 33124-8042 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-0624458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JUAN D REYES
PARK PLAZA WEST, LOWER LEVEL, RM 309
1611 NW 12TH AVE
MIAMI FL 33136

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOOTE, EDWARD T. II 8565 OLD CUTLER RD. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, CHARLES E, JR 2333 PONCE DE LEON BLVD CORAL GABLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERT L BLAKE 16240 ONEIDA PL DAVIE FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MILLER, LEONARD 700 N.W. 107 AVENUE MIAMI FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, DAVID R 13643 DEERING BAY DR PH 165 MIAMI FL 33158 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, CHARLES E 50 NORTH LAURA STREET JACKSONVILLE FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, Leonard 700 N.W. 107 Avenue Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C de la Cruz, Carlos Sr. 3201 Milam Dairy Road Miami, FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frost, Phillip 4400 Biscayne Blvd. 15th Floor Miami, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Robert L. Blake **ROBERT L. Blake** DATE: 305-284-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)

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Page 2 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Page 4 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Page 6 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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³ ALL mail to Wyoming

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David R. Weaver
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* * * * *

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Page 7 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Page 9 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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