

DOCUMENT # 703251

1. Entity Name

ST. THOMAS UNIVERSITY, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 FEB 23 PM 12:51

Principal Place of Business

Mailing Address

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

% NORMAN A. BLAIR 16400 NORTHWEST 32ND AVENUE MIAMI FL 33054-6459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & 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 \$61.25

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 P CASALE, FRANKLYN M Delete STREET ADDRESS 16400 N.W. 32ND. AVENUE CITY-ST-ZIP MIAMI FL 33054

TITLE NAME Change Addition 000003155530--03/06/00--01002--00\$ \*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE CT Delete RUSSOMANNO, HERMAN STREET ADDRESS 150 WEST FLAGLER ST. CITY-ST-ZIP MIAMI FL 33130

TITLE (CT) Ann P. Machado Change Addition Creative Staffing STREET ADDRESS 7700 N. Kendall Drive, # 300 CITY-ST-ZIP Miami, Florida 33156

TITLE VCT Delete HIGGINBOTTOM, SAMUEL STREET ADDRESS ONE ALHAMBRA PLAZA CITY-ST-ZIP CORAL GABLES FL 33134

TITLE (VCT) James E. McDonald Change Addition 200 S. Biscayne Blvd. #3410 CITY-ST-ZIP Miami, Florida 33131

TITLE ST Delete WORLEY, ELIZABETH SR. STREET ADDRESS 3663 SOUTH MIAMI AVENUE CITY-ST-ZIP MIAMI FL

TITLE (ST) Robert J. McKee Change Addition 700 S.E. 3rd Avenue, # 100 CITY-ST-ZIP Ft. Lauderdale, Fl. 33316

TITLE VP Delete BLAIR, NORMAN A STREET ADDRESS 16400 N.W. 32ND AVE. CITY-ST-ZIP MIAMI FL 33054

TITLE NAME Change Addition STREET ADDRESS CITY-ST-ZIP

TITLE T Delete HENNESSEY, WILLIAM J REV MSG STREET ADDRESS 9401 BISCAYNE BLVD. CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE NAME Change Addition 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 empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(305) 628-6518

Daytime Phone #

CP2E037 (9/99)