

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 703251

FILED
Feb 10, 2003
Secretary of State

Entity Name: ST. THOMAS UNIVERSITY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0949880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASALE, FRANKLYN M REV MSG
Address: 16400 N.W. 32ND. AVENUE
City-St-Zip: MIAMI, FL 33054

Title: CT () Delete
Name: MACHADO, ANN P
Address: 7700 N. KENDALL DR., #300
City-St-Zip: MIAMI, FL 33156

Title: VCT () Delete
Name: MCDONALD, JAMES E
Address: 200 S. BISCAYNE BLVD., #3410
City-St-Zip: MIAMI, FL 33131

Title: ST () Delete
Name: MCKEE, ROBERT J
Address: 700 S.E. 3RD AVE., #100
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: VP () Delete
Name: BLAIR, NORMAN A
Address: 16400 N.W. 32ND AVE.
City-St-Zip: MIAMI, FL 33054

Title: T () Delete
Name: HENNESSEY, WILLIAM J REV MSG
Address: 9401 BISCAYNE BLVD.
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLYN M. CASALE

P

02/10/2003

Electronic Signature of Signing Officer or Director

Date