

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711458

1. Entity Name

**BARRY UNIVERSITY, INC.**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90141 043 \*\*\*\*70.00

Principal Place of Business

Mailing Address

11300 N.E. SECOND AVENUE  
 MIAMI FL 33161

11300 N.E. SECOND AVENUE  
 MIAMI FL 33161-6628

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**



DO NOT WRITE IN THIS SPACE

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FREI, JOHN KAREN SISTER</b>	
STREET ADDRESS	<b>11300 NE SECOND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, J PATRICK</b>	
STREET ADDRESS	<b>275 NE 122ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CZERNIEC, TIMOTHY H</b>	
STREET ADDRESS	<b>1430 MESSINA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDREAS, D. INEZ</b>	
STREET ADDRESS	<b>9909 COLLINS AVE.</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANDON, KIRK R.</b>	
STREET ADDRESS	<b>11222 QUAIL ROOST DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>O'LAUGHLIN,JEANNE SISTER</b>	
STREET ADDRESS	<b>11300 NE SECOND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 like empowerers.

SIGNATURE: *[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Senior Vice President for Business and Finance

05-01-00 (305)899-3050

Date

Daytime Phone #

CR2E037 (9/99)