

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90136 016 \*\*\*\*70.00

**DOCUMENT # 711458**

1. Entity Name

**BARRY UNIVERSITY, INC.**

Principal Place of Business

Mailing Address

**11300 N.E. SECOND AVENUE  
 MIAMI FL 33161**

**11300 N.E. SECOND AVENUE  
 MIAMI FL 33161**

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

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 **S**  Delete  
 NAME **FREI, JOHN KAREN SISTER**  
 STREET ADDRESS **11300 NE SECOND AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **LEE, J PATRICK**  
 STREET ADDRESS **275 NE 122ND ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **V**  Change  Addition  
 NAME **LEE, J PATRICK**  
 STREET ADDRESS **11300 NE SECOND AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **T**  Delete  
 NAME **CZERNIEC, TIMOTHY H**  
 STREET ADDRESS **1430 MESSINA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **T**  Change  Addition  
 NAME **CZERNIEC, TIMOTHY H**  
 STREET ADDRESS **11300 NE SECOND AVE**  
 CITY-ST-ZIP **MIAMI, FL**

TITLE **D**  Delete  
 NAME **ANDREAS, D. INEZ**  
 STREET ADDRESS **9909 COLLINS AVE.**  
 CITY-ST-ZIP **BAL HARBOUR FL**

TITLE **D**  Change  Addition  
 NAME **ANDREAS, D. INEZ**  
 STREET ADDRESS **11300 NE SECOND AVE**  
 CITY-ST-ZIP **MIAMI, FL**

TITLE **D**  Delete  
 NAME **LANDON, KIRK R.**  
 STREET ADDRESS **11222 QUAIL ROOST DR.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **LANDON, KIRK R.**  
 STREET ADDRESS **11300 NE SECOND AVE**  
 CITY-ST-ZIP **MIAMI, FL**

TITLE **PD**  Delete  
 NAME **O'LAUGHLIN,JEANNE SISTER**  
 STREET ADDRESS **11300 NE SECOND AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 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 which I am also empowered.

**SIGNATURE:** *Timothy H. Czerniec* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Senior Vice Pres. for Business and Finance**  
 05/01/01 305-899-3050

Date

Daytime Phone #

CR2E037 (10/00)