


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90148 033 *****70.00

DOCUMENT # 711458

1. Entity Name
BARRY UNIVERSITY, INC.



Principal Place of Business
**11300 N.E. SECOND AVENUE
MIAMI FL 33161**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-0624364**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**O'LAUGHLIN, JEANNE SISTER
11300 NE SECOND AVE
MIAMI FL 33161**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FREI, JOHN KAREN SISTER | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LEE, J PATRICK | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CZERNIEC, TIMOTHY H | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ANDREAS, D. INEZ | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LANDON, KIRK R. | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | O'LAUGHLIN, JEANNE SISTER | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY-ST-ZIP | MIAMI FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESLIE PANTIN | |
| STREET ADDRESS | 11300 N.E. 2 AVE | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Timothy H. Czerniec, Senior Vice President for Business & Finance 01/16/03 (305) 899-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)