2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 11, 2001 8:00 am
Secretary of State
04-17-2001 90143 019 ****61.25

DOCUMENT # N96000001636

1. Entity Name

THE JOURNEY INSTITUTE, INC.

Principal Place of Business	Mailing Address
2650 SW 27TH AVE STE 303 MIAMI FL 33133 US	2650 SW 27TH AVE STE 303 MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

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 65-0663026 ☐ 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
~~KAHL, CAROLYN~~ ~~1149 ANDALUSIA AVENUE~~ ~~CORAL GABLES FL 33134~~	Name ROBERT HIBLER, CPA Street Address (P.O. Box Number is Not Acceptable) 7600 RED RD. STE 314 City MIAMI FL Zip Code 33143

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 _____ 04-10-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGFORD, KATHLEEN 1514 SAN IGNACIO AVE 150 CORAL GABLES FL 33146	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RAY ARMSTRONG, PH.D 555 BILTMORE WAY #206 CORAL GABLES, FL. 33133	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERNER, ALISA PH.D. 418 VALENCIA #3 CORAL GABLES FL 33134	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PHIL BOSWELL, PH.D 250 CATALONIA STE 802 CORAL GABLES, FL. 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, MARCHANT 2000 S BAYSHORE DR #8 COCONUT GROVE FL 33133	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIANE THURSTON, PH.D 8600 SW 92 ST. STE. 203 MIAMI, FL. 33156	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGER, SHARON 123 BW 1 AVE MIAMI FL 33128	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SALLY DODDS, PH.D UM/DEPT OF PSYCHIATRY 1695 NW 9 AVE #330B(D-21) MIAMI, FL. 33136	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPTON, PAUL ESQ 20803 BISCAYNE BLVD., STE. 200 AVENTURA FL 33180	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	STEVE SULZBERGER SUNTRUST BANK 9400 COLLINS AVE BALHARBOR, FL. 33154	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, GILL 175 NW 1 AVENUE MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Kathleen Langford REQUIRED 3/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #