

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90175 008 ****61.25

DOCUMENT # N96000001636

1. Entity Name

THE JOURNEY INSTITUTE, INC.



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-0663026	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

H
WERNER, CPA, ROBERT
7600 RED RD
SUITE 214
MIAMI FL 33143

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.

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	LANGFORD, KATHLEEN	
STREET ADDRESS	1514 SAN IGNACIO AVE 150	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERNER, ALISA PH.D.	
STREET ADDRESS	418 VALENCIA #3	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D SALL DODDS	<input type="checkbox"/> Delete
NAME	ARMSTRONG, PH. D, RAY	
STREET ADDRESS	555 BILTMORE WAY, STE 206	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSWELL, PH. D, PHIL	
STREET ADDRESS	250 CATALONIA, STE 802	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	THURSTON, MD, DIANE	
STREET ADDRESS	8600 SW 92ND ST, STE 203	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, GILL	
STREET ADDRESS	175 NW 1 AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Gold	
STREET ADDRESS	3 Island Ave, Apt. 15H	
CITY-ST-ZIP	Miami Beach, FL 33136	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louise Brais	
STREET ADDRESS	12765 Red Rd.	
CITY-ST-ZIP	coral Gables, FL 33156	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail Haldeman	
STREET ADDRESS	1801 NW 9 Ave. Ste. 420	
CITY-ST-ZIP	Miami, FL 33136	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cholly Capps	
STREET ADDRESS	7850 Camino Real #403	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Weil	
STREET ADDRESS	Penthouse, office in the Grove 2699 S. Bayshore Drive	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Metcalf	
STREET ADDRESS	719 Paradiso	
CITY-ST-ZIP	coral Gables, FL 33146	

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: *[Signature]* **4/5/02 (305) 443-1123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)