

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000001405

1. Entity Name

BARRY UNIVERSITY SCHOOL OF LAW, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-09-2000 90141 042 ****70.00

Principal Place of Business

11300 N.E. 2ND AVE.
MIAMI SHORES FL 33161

Mailing Address

11300 N.E. 2ND AVE.
MIAMI SHORES FL 33161-6620

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

65-0899586

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BURT, FRANK
777 BRICKELL AVE., STE. 500
MIAMI FL 33131

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 reconstating)

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
CZERNIEC, TIMOTHY H
1430 MESSINA AVE.
CORAL GABLES FL 33134

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
LEE, J. PATRICK
1341 N.E. 103 ST.
MIAMI FL 33138

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MODICA, CHARLES R J.D.
454 S. BEACH RD.
HOBE SOUND FL 33455

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
KAREN FREI, SISTER JOHN
BARRY UNIVERSITY 11300 N.E. 2ND AVE.
MIAMI SHORES FL 33161

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ROSENBERG, DONALD S
1 S.E. 3RD AVE., STE. 3050
MIAMI FL 33131

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
O'LAUGHLIN, SISTER JEANNE OP
4745 PINE TREE DR.
MIAMI BEACH FL 33140

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior Vice President Business and
Finance
05-01-00 (305)899-3050

Date

Daytime Phone #

CR2E037 (9/99)