

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90263 024 \*\*\*\*61.25

**DOCUMENT # 700658**

1. Entity Name  
UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.



Principal Place of Business  
1938 W. UNIVERSITY AVE  
GAINESVILLE, FL 32603

Mailing Address  
PO BOX 14425  
GAINESVILLE, FL 32604

**50000303**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2199059

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BRAM, LESLIE D  
1938 W. UNIVERSITY AVE  
GAINESVILLE, FL 32603

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME SD  
STREET ADDRESS ROBEL, PAUL A  
CITY-ST-ZIP 1938 W. UNIVERSITY AVE  
GAINESVILLE, FL 32603 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS MOWRY ETTERS, MELANIE  
CITY-ST-ZIP 3506 DUNDALK DR  
TALLAHASSEE, FL 32308 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME T  
STREET ADDRESS PARNELL, TERESA  
CITY-ST-ZIP 4624 W PEARL AVE  
TAMPA, FL 33611 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME S  
STREET ADDRESS TALBOT, RANDY W  
CITY-ST-ZIP 1938 W. UNIVERSITY AVENUE  
GAINESVILLE, FL 32603 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME V  
STREET ADDRESS SPEARMAN, LEONARD  
CITY-ST-ZIP 19810 RIVER ROCK DR  
KATY, TX 77449 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME V  
STREET ADDRESS STERN, ROBERT  
CITY-ST-ZIP P.O. BOX 1102  
TAMPA, FL 33601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Randy Talbot*  
Randy Talbot

1/3/2007

352-392-1905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #