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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **700658** **(8)**

1. Corporation Name

UNIVERSITY OF FLORIDA NATIONAL ALUMNI ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
2012 WEST UNIVERSITY AVE PO BOX 14425 GAINESVILLE FL 32604	2012 WEST UNIVERSITY AVE PO BOX 14425 GAINESVILLE FL 32604-2425

3. Date Incorporated or Qualified: 03/21/1960
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-0801218 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBELL, PAUL A
2012 W. UNIVERSITY AVENUE
GAINESVILLE FL 32603

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBELL, PAUL A		1.2 NAME		
STREET ADDRESS	2012 W. UNIVERSITY AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	MOORE, RANDY		2.2 NAME		
STREET ADDRESS	1104 TRUMAN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPOTTSWOOD, ANDREA		3.2 NAME		
STREET ADDRESS	1104 TRUMAN AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, R WAYNE		4.2 NAME		
STREET ADDRESS	2012 W UNIVERSITY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINSVILLE FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	GARCIA, ADRIENNE DR		5.2 NAME		
STREET ADDRESS	2925 SANTIAGO STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	FAWBUSH, ANDREW		6.2 NAME	Fassett, Ladd	
STREET ADDRESS	50 N. LAURA STREET, #2800		6.3 STREET ADDRESS	14 E. Washington, Suite 500	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Orlando, FL 32801	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R Wayne McDaniel REQUIRED 4-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0010616