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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700658

1. Corporation Name

UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/21/1960

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

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

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

9. Name and Address of Current Registered Agent

BRAM, LESLIE D
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	T	☐ Change ☒ Addition
NAME	MOORE, RANDY		2.2 NAME	BEVIS, LAWRENCE R. II	
STREET ADDRESS	1104 TRUMAN AVE		2.3 STREET ADDRESS	115 ADALIA AVENUE	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	X	☐ DELETE	3.1 TITLE	V	☒ 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	D	☐ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	HAWKINS, SCOTT		5.2 NAME		
STREET ADDRESS	505 S. FLAGLER DR, SUITE 1100		5.3 STREET ADDRESS		
CITY-ST-ZIP	WPB FL 33401		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	FASSETT, LADD		6.2 NAME		
STREET ADDRESS	14 E. WASHINGTON, STE. 500		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: R Wayne McDaniel SIGNATURE REQUIRED R Wayne McDaniel 2/3/99 (352) 392-1905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #