1/21/00-90095-018-$61.25-$61.25

FILED
Apr 17, 2000 8:00 am
Secretary of State

01-21-2000 90095 018 ****61.25

DOCUMENT # 700658

1. Entity 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 32604-2425

DO NOT WRITE IN THIS SPACE

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 59-0801218 ☐ 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
BRAM, LESLIE D 2012 W. UNIVERSITY AVENUE 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.

SIGNATURE _____ DATE

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

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	SD ROBELL, PAUL A 2012 W. UNIVERSITY AVENUE GAINESVILLE, FL 00000	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEVIS II, LAWRENCE R 115 ADALIA AVE TAMPA FL	☐ Delete	V Bevis II, Lawrence R. 115 Adalia Ave. Tampa, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPOTTSWOOD, ANDREA 1104 TRUMAN AVENUE KEY WEST FL	☐ Delete	P Spottswood, Andrea 1104 Truman Avenue Key West, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDANIEL, R WAYNE 2012 W UNIVERSITY AVE GAINSVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAWKINS, SCOTT 505 S. FLAGLER DR, SUITE 1100 WPB FL 33401	☐ Delete	D Hawkins, Scott 505 S. Flagler Dr. Suite 1100 WPB FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FASSETT, LADD 14 E. WASHINGTON, STE. 500 ORLANDO FL	☒ Delete	T David Mica 215 S. Monroe Street, Suite 800 Tallahassee, FL 32301	☐ Change ☒ Addition

CR2E037 (9/99)

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: R Wayne McDaniel R Wayne McDaniel 4/6/00 352/392-1905

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