

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700658

1. Entity Name

UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90187 036 ****61.25

Principal Place of Business

2012 WEST UNIVERSITY AVE
PO BOX 14425
GAINESVILLE FL 32604

Mailing Address

2012 WEST UNIVERSITY AVE
PO BOX 14425
GAINESVILLE FL 32604

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

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

(NOTE: Registered Agent signature required when reinstating)

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
SD
ROBELL, PAUL A
2012 W. UNIVERSITY AVENUE
GAINESVILLE, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BEVIS II, LAWRENCE R
115 ADALIA AVE
TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SPOTTSMOOD, ANDREA
1104 TRUMAN AVENUE
KEY WEST FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MCDANIEL, R WAYNE
2012 W UNIVERSITY AVE
GAINESVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAWKINS, SCOTT
505 S. FLAGLER DR, SUITE 1100
WPB FL 33401 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Delphine Jackson
P.O. Box 12677
Gainesville, FL 32604 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MICA, DAVID
215 SOUTH MONROE STREET SUITE 800
TALLAHASSEE FL 32301 ☐ 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 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. G. DANIEL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)