

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90027 049 ****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**

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 **SD** ☐ Delete
NAME **ROBELL, PAUL A**
STREET ADDRESS **2012 W. UNIVERSITY AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

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

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

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

TITLE **D** ☒ Delete
NAME **SPOTTSMOOD, ANDREA**
STREET ADDRESS **1104 TRUMAN AVENUE**
CITY-ST-ZIP **KEY WEST FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Lowe IV, David**
STREET ADDRESS **1892 SW Oakwater Point**
CITY-ST-ZIP **Palm City, FL 34990-7752**

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

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

TITLE **V** ☐ Delete
NAME **JACKSON, DELPHINE**
STREET ADDRESS **P O BOX 12627**
CITY-ST-ZIP **GAINESVILLE FL 32604**

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

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2002 352/392-1905

Date

Daytime Phone #

CR2E037 (9/01)