2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90284 037 ****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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1938 W. University Ave,	P.O. Box 14425
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32603 Country: USA	Zip: 32604 Country: USA

4. FEI Number ~~59-0801218~~ 59-2199059 ☐ 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: Bram, Leslie D. Street Address (P.O. Box Number is Not Acceptable): 1938 W. University Avenue City: Gainesville FL Zip Code: 32603

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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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	SD Robell, Paul A 1938 W. University Avenue Gainesville, FL 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEVIS II, LAWRENCE R 115 ADALIA AVE TAMPA FL	☒ Delete	T Mowry Etters, Melanie 3506 Dundalk Drive Tallahassee FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWE, DAVID IV 1892 SW OAKWATER PT PALM CITY FL 34990-7752	☐ Delete	V Lowe, David IV 1892 SW Oakwater Point Palm City FL 34990-7752	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDANIEL, R WAYNE 2012 W UNIVERSITY AVE GAINSVILLE FL	☐ Delete	S McDaniel, R. Wayne 1938 W. University Avenue Gainesville, FL 32603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JACKSON, DELPHINE P O BOX 12627 GAINESVILLE FL 32604	☐ Delete	D Jackson, Delphine P O Box 12627 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	P Mica, David 215 South Monroe Street Suite 800 Tallahassee, FL 32301	☒ Change ☐ Addition

CR2E037 (10/02)

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: Leslie D. Bram Leslie D. Bram, Associate Vice President for Administration
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR