

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PH 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731494 (1)

1. Corporation Name

THE UNIVERSITY ATHLETIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

221 STADIUM DR. UNIV. OF FLA.
P.O. BOX 14485
GAINESVILLE FL 32604

221 STADIUM DR. UNIV. OF FLA.
P.O. BOX 14485
GAINESVILLE FL 32604

3. Date Incorporated or Qualified
12/28/1974

3a. Date of Last Report
05/01/1994

4. FEI Number

59-6002050

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

24
Zip

25
Country

29
Zip

30
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOLEY, JEREMY N
221 STADIUM
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **MCINTOSH, DAVE**
STREET ADDRESS **777 S. FLAGLER DR.**
CITY - ST - ZIP **WEST PALM BCH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DT**
NAME **SCHAFFER, GERALD**
STREET ADDRESS **4520 N.W. 18TH PLACE**
CITY - ST - ZIP **GAINESVILLE, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DS**
NAME **FOLEY, JEREMY**
STREET ADDRESS **515 SW 91ST ST**
CITY - ST - ZIP **GAINESVILLE, FL 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **DP**
NAME **CASSISI, NICHOLAS, DR**
STREET ADDRESS **3105 SW 5TH CT**
CITY - ST - ZIP **GAINESVILLE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **DC**
NAME **LOMBARDI, JOHN**
STREET ADDRESS **2151 W. UNIVERSITY AVE**
CITY - ST - ZIP **GAINESVILLE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D**
NAME **CHANCE, JEAN DR**
STREET ADDRESS **3046 WEIMER HALL**
CITY - ST - ZIP **GAINESVILLE FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 person duly 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

(Type in Title)

731494

1994-95

UAA BOARD OF DIRECTORS

UAA BOARD OF DIRECTORS

MS. NANCY DOWD	366 HOLLAND LAW	GAINESVILLE, FL
DR. ADRIENNE GARCIA	2925 SANTIAGO ST.	TAMPA, FL
MR. BRIAN GUENTHER	PO BOX 14162	GAINESVILLE, FL
MR. JOHN JAMES	NORTH END ZONE	GAINESVILLE, FL
MR. JIM KIMBROUGH	PO BOX 156	BROOKSVILLE, FL
MS. ANN MARIE LAWLER	248 WEST STADIUM	GAINESVILLE, FL
MS. CRYSTAL PARKER	32-213 SLEDD HALL	GAINESVILLE, FL
MRS. CAROLYN ROBERTS	1107 SE 7TH ST.	OCALA, FL
DR. ANDREW SORENSON	235 TIGERT HALL	GAINESVILLE, FL
DR. DWAYNE THOMAS	225 JHMHC RM M-128	GAINESVILLE, FL