

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 731494 (1)
1. Corporation Name

THE UNIVERSITY ATHLETIC ASSOCIATION, INC.



Principal Place of Business: 221 STADIUM DR. UNIV. OF FLA. P.O. BOX 14485 GAINESVILLE FL 32604
Mailing Address: 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: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent
FOLEY, JEREMY N
221 STADIUM
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD DELETE	1.1 TITLE	VD Change <input type="checkbox"/> Addition
NAME	MCINTOSH, DAVE	1.2 NAME	Nouss Steve
STREET ADDRESS	777 S. FLAGLER DR.	1.3 STREET ADDRESS	3600 NW 82nd Ave, #3A Annex
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, GERALD	2.2 NAME	
STREET ADDRESS	4520 N.W. 18TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, JEREMY	3.2 NAME	
STREET ADDRESS	515 SW 91ST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSISI, NICHOLAS, DR	4.2 NAME	
STREET ADDRESS	3105 SW 5TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	400001847684 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, JOHN	5.2 NAME	-06/03/96--01031--042
STREET ADDRESS	2151 W. UNIVERSITY AVE	5.3 STREET ADDRESS	***70.00
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCE, JEAN DR	6.2 NAME	
STREET ADDRESS	3046 WEIMER HALL	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

Handwritten notes: ce 5/1/96

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 119.07(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 receiver or trustee 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: _____ DATE: 4/29/96 DAYTIME PHONE: 904-375-4883 X6427

CR2E037 (12/95)