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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/28/1974	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-6002050	

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	NOUSS H, STEVE
STREET ADDRESS	3600 NW 82ND AVE, #3A ANNEX
CITY-ST-ZIP	MIAMI FL 33186
TITLE	DT <input type="checkbox"/> DELETE
NAME	SCHAFFER, GERALD
STREET ADDRESS	4520 N.W. 18TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 00000
TITLE	DS <input type="checkbox"/> DELETE
NAME	FOLEY, JEREMY
STREET ADDRESS	515 SW 91ST ST
CITY-ST-ZIP	GAINESVILLE, FL 00000
TITLE	DP <input type="checkbox"/> DELETE
NAME	CASSISI, NICHOLAS, DR
STREET ADDRESS	3105 SW 5TH CT
CITY-ST-ZIP	GAINESVILLE FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	LOMBARDI, JOHN
STREET ADDRESS	2151 W. UNIVERSITY AVE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHANCE, JEAN DR
STREET ADDRESS	3046 WEIMER HALL
CITY-ST-ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCNERNEY, MICHAEL
1.3 STREET ADDRESS	PO Box 522 N/A
1.4 CITY-ST-ZIP	FT Lauderdale, FL 33302
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FOLEY, JEREMY
3.3 STREET ADDRESS	515 SW 91st St
3.4 CITY-ST-ZIP	Gainesville, FL 00000
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHANCE, JEAN DR
6.3 STREET ADDRESS	3046 Weimer Hall
6.4 CITY-ST-ZIP	Gainesville, FL

14. 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 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: _____

CR2E037 (10/97)