

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90126 007 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 731494

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 |
|--|--|



| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 12/28/1974 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-6002050 Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

FOLEY, JEREMY N
248 STADIUM, NORTH SOUTH DRIVE
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32604-2485

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | | |
|----------------|------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCNERNEY, MICHAEL | |
| STREET ADDRESS | P O BOX 522 N/A | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33302 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | SCHAFFER, GERALD | |
| STREET ADDRESS | 4520 N.W. 18TH PLACE | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 | |
| TITLE | D | <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 | S | <input type="checkbox"/> DELETE |
| NAME | CHANCE, JEAN D | |
| STREET ADDRESS | 3046 WEIMER HALL | |
| CITY-ST-ZIP | GAINESVILLE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Fawbush, Andy | |
| 1.3 STREET ADDRESS | 50 N. Laura St - Ste 2800 | |
| 1.4 CITY-ST-ZIP | Jacksonville, FL 32202 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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, with all other like empowered.

SIGNATURE: _____ DATE: 4/28/99 DAYTIME PHONE # _____

CR2E037 (11/98)

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University Athletic Association, Inc.
Board of Directors

Boles, Judy - Director
3216 SW 75th St
Gainesville, FL 32607

Capaldi, Betty - Director
Rm 235 Tigert Hall
Gainesville, FL 32611

Harris, Michelle - Director
920 SW 6th ST Apt 111
Gainesville, FL 32601-6696

Heekin, Hon James F. Jr - Director
215 N. Eola Dr
Orlando, FL 32801

Hamilton, Dr Mary Howard - Director
1215 Norman
Gainesville, FL 32611

James, John - Director
North End Zone
Ben Hill Griffin Stadium
Gainesville, FL 32611

Mc Call, Wayne - Director
Ayers, Cluster, Curry, McCall & Briggs
21 NE 1st Ave
Ocala, FL 34478

McGovern, John - Director
P O Box 13902
Gainesville, FL 32604

Rogers, Ann Marie - Director
248 Stadium West
Gainesville, FL 32611

Telesco, Dr Charles - Director
414 Bryant (Space Sciences)
Gainesville, FL 32611