

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90016 024 ****70.00

DOCUMENT # 731494

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6002050

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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.

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **FAWBUSH, ANDY**
 STREET ADDRESS **50 N. LAURA ST., STE 2800**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** Change Addition
 NAME **Colburn, David, Dr.**
 STREET ADDRESS **239 Tigert Hall**
 CITY-ST-ZIP **Gainesville, FL 32611**

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

TITLE **T/D** Change Addition
 NAME **Schaffer, Gerald**
 STREET ADDRESS **8801 SW 45 BLVD**
 CITY-ST-ZIP **Gainesville, FL 32608-4138**

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

TITLE **D** Change Addition
 NAME **Foley, Jeremy**
 STREET ADDRESS **515 SW 91 ST**
 CITY-ST-ZIP **Gainesville, FL 32607**

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

TITLE **P/D** Change Addition
 NAME **Cassisi, Nicholas, Dr.**
 STREET ADDRESS **3105 SW 5 CT**
 CITY-ST-ZIP **Gainesville, FL 32601-9043**

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

TITLE **C/D** Change Addition
 NAME **Young, Charles, Dr.**
 STREET ADDRESS **2151 W University AVE**
 CITY-ST-ZIP **Gainesville, FL 32603-1708**

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

TITLE **S** Change Addition
 NAME **Chance, Jean D.**
 STREET ADDRESS **3046 Weimer Hall**
 CITY-ST-ZIP **Gainesville, FL 32611**

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:

Signature Required
 Signature and typed or printed name of signing officer or director

Jeremy N. Foley, Director of Athletics 07/19/2000 (352) 375-4683

Date

Daytime Phone #

CR2E037 (5/00)

Attachment
OH# 731 494
DW'14806

FLOON60

need check this when @

UNIVERSITY ATHLETIC ASSOCIATION, INC.

Request for Payment Short Form

For Purchase
 For Payment

Cash to be picked up
 Check to be mailed
 Check to be picked up

To: Department of State

Date: 7-18-2000 *Denney*

P.O. #: _____

Acct: 4900270 **H**

Unit	Description	Amount
	Filing Fee 2000 Uniform Report	61.25
	+ Cert of Status fee	8.75
		<u>70.00</u>

Justification:

Coach/Dept. Head _____ Athletic Dir/Accounting *AS 7/18*

I hereby certify that full payment for the above has been received:

Signature: _____ Date: _____

Distribution: White/Acting, Canary/Payee, Pink/Requester UAA-10 (10/90)

Attachment
DH 731494
DW 748006

Continuation of 2000 Uniform Business Report (UBR)
Document # 731494

The University Athletic Association, Inc.
221 Stadium DR University of Florida
PO Box 14485
Gainesville, FL 32604-2485

FEI Number: 59-6002050

Name and address of Current Registered Agent:

Foley, Jeremy N.
248 Stadium, North South DR
University of Florida
Gainesville, FL 32611

Further Officers and Directors:

D
James, John
23108 NE 69 AVE
Melrose, FL 32666-6330

D
McDade, Barbara, Dr.
3141 Turlington
Gainesville, FL 32611

D
McGriff, III, W. A.
8004 Acorn Ridge RD
Jacksonville, FL 33256

D
McNerny, Mike
200 E Las Olas BLVD STE 1800
Fort Lauderdale, FL 33301

D
Rogers, Ann Marie
2221 NW 28 ST
Gainesville, FL 32605

D
Gordon, Brent
413 NW 34 TERR
Gainesville, FL 32607

D
Sellers, Andi
49 Hall 95-5 #111-2
Gainesville, FL 32612

D
Telesco, Charles, Dr.
9829 NW 54 PL
Gainesville, FL 32653-2843

D
Wagner, Ward
1753 Flagler Manor CIR
33411-5111