

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90201 016 ****70.00

DOCUMENT # 731494

1. Entity Name

THE UNIVERSITY ATHLETIC ASSOCIATION, INC.

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

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



DO NOT WRITE IN THIS SPACE

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**

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	<input type="checkbox"/> Delete
NAME	FAWBUSH, ANDY	
STREET ADDRESS	50 N. LAURA ST., STE 2800	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DT	<input checked="" 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	YOUNG, CHARLES DR	
STREET ADDRESS	2151 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL 32603-1708	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHANCE, JEAN D	
STREET ADDRESS	3046 WEIMER HALL	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHICONE, JERRY	
STREET ADDRESS	12607 W LAKE BUTLER RD	
CITY-ST-ZIP	WINDEMERE, FL 34786-7603	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPPELL, ED	
STREET ADDRESS	6125 NW 58 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32653-3104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLBURN, DAVID, DR	
STREET ADDRESS	3211 NW 18 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32605-3744	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, JOHN	
STREET ADDRESS	23108 NE 69 AVE	
CITY-ST-ZIP	MELROSE, FL 32666-6330	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDADE, BARBARA, DR	
STREET ADDRESS	2601 NW 23 BLVD APT 223	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOMQUIST, DAVID, DR	
STREET ADDRESS	11714 SW 89 ST	
CITY-ST-ZIP	GAINESVILLE, FL 32608-6289	

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* **Jeremy N. Foley** **03/06/2001** **(352) 375-4683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

433485
attachment
D# 731494

D
Kramer, George
600 NW 36 TER
GAINESVILLE, FL 32607

D
MCGRUFF, III, W. A.
6702 LINFORD LN
JACKSONVILLE, FL 32217

D
MCNERNEY, MIKE
200 E LAS OLAS BLVD STE 1800
FORT LAUDERDALE, FL 33301

D
ORHN, YNGVE, DR.
1823 NW 11 RD
GAINESVILLE, FL 32605

D
ROGERS, ANN MARIE
2221 NW 28 ST
GAINESVILLE, FL 32605

D
SIEGEL, MATT
601 NW 35 ST
GAINESVILLE, FL 32607