


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 036 ****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 32604-2485 US

Mailing Address
 221 STADIUM DR, UNIV. OF FLA.
 P.O. BOX 14485
 GAINESVILLE, FL 32604-2485 US

C4000615



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-6002050

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCINTOSH, DAVID 7932 FLAGLER COURT SOUTH WEST PALM BEACH, FL 334055041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC J. Bernard Machen 2151 W. University Ave Gainesville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POPPELL, ED 6125 NW 58TH PL GAINESVILLE, FL 326533104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Colburn, David Dr. Colburn 3211 NW 18 PL Gainesville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, JEREMY N. 515 SW 91ST ST GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delfino, Joseph Dr. 310 Black Hall Gainesville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASSISI, NICHOLAS, DR 3105 SW 5TH CT GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frost, John D 395 S. Central Ave Bartow, FL 33830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC YOUNG, CHARLES DR 2151 W UNIVERSITY AVE GAINESVILLE, FL 326031708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James, John 23108 NE 69 Ave Melrose, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLOOMQUIST, DAVID DR 11714 SW 89TH ST GAINESVILLE, FL 326086289 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jones, Kyle 305 Reitz Union Gainesville, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **Jeremy N. Foley, Director of Athletics, Jan 6, 2004 (352)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 375-4683 Phone # 6000

Attachment

2004 Not-For-Profit Corporation Annual Report Page 2

University Athletic Association, Inc.

Doc # 731494

11. Continued

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Joseph, Mosie
52020101 Lakeside Complex
Gainesville, FL

D
~~McGriff, W. A. III~~
6702 Linford Ln
Jacksonville, FL 32217

D
D
Melnyk, Steve
1535 The Greens Way
Jacksonville, FL 32217

D
Ponce, Daniel
7117 NW 20th PL
Gainesville, FL 32605

D
Tealer, Lynda
248 Stadium West
Gainesville, FL

D
Tyree, Larry Dr
258 Norman Hall
Gainesville, FL