


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90017 023 \*\*\*\*70.00

<b>DOCUMENT # 731494</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6002050	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <del>1</del> <del>2</del> <del>3</del> <del>4</del> <del>5</del> <del>6</del> <del>7</del> <del>8</del> <del>9</del> <del>10</del> <del>11</del> <del>12</del> <del>13</del> <del>14</del> <del>15</del> <del>16</del> <del>17</del> <del>18</del> <del>19</del> <del>20</del> <del>21</del> <del>22</del> <del>23</del> <del>24</del> <del>25</del> <del>26</del> <del>27</del> <del>28</del> <del>29</del> <del>30</del> <del>31</del> <del>32</del> <del>33</del> <del>34</del> <del>35</del> <del>36</del> <del>37</del> <del>38</del> <del>39</del> <del>40</del> <del>41</del> <del>42</del> <del>43</del> <del>44</del> <del>45</del> <del>46</del> <del>47</del> <del>48</del> <del>49</del> <del>50</del> <del>51</del> <del>52</del> <del>53</del> <del>54</del> <del>55</del> <del>56</del> <del>57</del> <del>58</del> <del>59</del> <del>60</del> <del>61</del> <del>62</del> <del>63</del> <del>64</del> <del>65</del> <del>66</del> <del>67</del> <del>68</del> <del>69</del> <del>70</del> <del>71</del> <del>72</del> <del>73</del> <del>74</del> <del>75</del> <del>76</del> <del>77</del> <del>78</del> <del>79</del> <del>80</del> <del>81</del> <del>82</del> <del>83</del> <del>84</del> <del>85</del> <del>86</del> <del>87</del> <del>88</del> <del>89</del> <del>90</del> <del>91</del> <del>92</del> <del>93</del> <del>94</del> <del>95</del> <del>96</del> <del>97</del> <del>98</del> <del>99</del> <del>00</del> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, DAVID			NAME	SEE ATTACHED
STREET ADDRESS	7932 FLAGLER COURT SOUTH			STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 334055041			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPPELL, ED			NAME	
STREET ADDRESS	6125 NW 58TH PL			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 326533104			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, JEREMY N.			NAME	
STREET ADDRESS	515 SW 91ST ST			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSISI, NICHOLAS, DR			NAME	
STREET ADDRESS	3105 SW 5TH CT			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, JOHN			NAME	
STREET ADDRESS	23108 NE 69 AV			STREET ADDRESS	
CITY-ST-ZIP	MELROSE, FL			CITY-ST-ZIP	
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOMQUIST, DAVID DR			NAME	
STREET ADDRESS	11714 SW 89TH ST			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 326086289			CITY-ST-ZIP	
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 or other like empowered.					
SIGNATURE: _____		Jeremy N. Foley Director of Athletics		4/4/05 (352) 375-4683 Date Daytime Phone # X 6000	



ATTACHMENT  
40048928

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UNIVERSITY ATHLETIC ASSOCIATION, INC.

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11. Additions/Changes to Officers and Directors in 10:

D

Dr. Joe Glover  
PO Box 113175  
235 Tigert Hall  
Gainesville, FL 32611

D

Mr. W. A. McGriff, III  
6702 Linford Lane  
Jacksonville, FL 32217

D

Mr. Tom Donahoo  
50 N Laura Street, STE 2925  
Jacksonville, FL 32202

D

Mr. Steve Melnyk  
1535 The Greens Way  
Jacksonville, FL 32250

D

Mr. John Frost  
395 S Central Avenue  
Bartow, FL 33830

D

Mr. S. Daniel Ponce  
7117 NW 20<sup>th</sup> Place  
Gainesville, FL 32605

DC

Dr. Bernie Machen  
PO Box 113150  
226 Tigert Hall  
Gainesville, FL 32611

D

Mr. Jamal Sowell  
PO Box 118505  
305 Reitz Union  
Gainesville, FL 32611

DS

Dr. Albert Matheny  
PO Box 112015  
OSL Rm 211  
Gainesville, FL 32611

D

Mrs. Lynda Tealer  
PO Box 14485  
248 Stadium West  
Gainesville, FL 32611

D

Dr. Virginia Maurer  
PO Box 117165  
219A Stuzin Hall  
Gainesville, FL 32611

D

Dr. Larry Tyree  
PO Box 117049  
258 Norman Hall  
Gainesville, FL 32611