


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90003 026 \*\*\*\*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

**50020225**



05162006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business <b>250 Stadium, Lemerand Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>250 Stadium, Lemerand Dr.</b> Suite, Apt. #, etc.		4. FEI Number <b>59-6002050</b>	Applied For Not Applicable
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>32604</b>	Country <b>US</b>	Zip <b>32604</b>	Country <b>US</b>		

6. Name and Address of Current Registered Agent <b>FOLEY, JEREMY N 248 STADIUM, NORTH SOUTH DRIVE UNIVERSITY OF FLORIDA GAINESVILLE, FL 32604-2485</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 September 6, 2006**

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	See Attached <input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASSISI, NICHOLAS, DR 3105 SW 5TH CT GAINESVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, JOHN 23108 NE 69 AV MELROSE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, JOE DR PO BOX 113175; 235 TIGERT HALL GAINESVILLE, FL 32611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Foley** **5/26/06** **(352) 375-4683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
50020225

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University Athletic Association, INC.

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

Changes:

V/D

Mr. David McIntosh  
901 N Olive Ave  
West Palm Beach, FL 33401

D

Mr. Jeremy Foley  
3828 SW 91<sup>st</sup> Dr  
Gainesville, FL 32608

Additions:

D

Mr. Tom Donahoo  
50 N Laura St Ste 2925  
Jacksonville, FL 32202

P/D

Mr. W.A. McGriff  
6702 Linford Ln  
Jacksonville, FL 32217

D

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

D

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

D

Dr. Janie Fouke  
PO Box 113175  
235 Tigert Hall  
Gainesville, FL 32611

D

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

D

Mr. Hjalma Johnson  
14435 Hale Rd  
Dade City, FL 33523

D

Mr. Ryan Sherry  
111 NW 15<sup>th</sup> Terr F-33  
Gainesville, FL 32603

D

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

D

Mrs. Lynda Tealer  
PO Box 14485  
248 Stadium West  
Gainesville, FL 32604

S/D

Dr. Albert Matheny  
PO Box 112015  
2<sup>nd</sup> Floor OSL Rm 211  
Gainesville, FL 32611

D

Dr. Larry Tyree  
8065 Stirling Falls Circle  
Sarasota, FL 34243

ATTACHMENT

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D  
Dr. Jill Varnes  
PO Box 118200  
200 Florida Gym  
Gainesville, FL 32611

D  
Mr. Joe Goldberg  
PO Box 118505  
305 Reitz Union  
Gainesville, FL 32611