
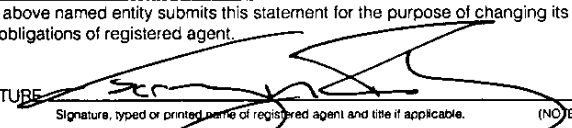
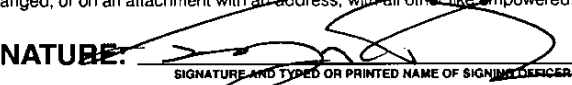


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90050 040 ****70.00

DOCUMENT # 731494			
1. Entity Name THE UNIVERSITY ATHLETIC ASSOCIATION, INC.			
Principal Place of Business 250 STADIUM DR, LEMERAND DR GAINESVILLE, FL 32604-2485 US		Mailing Address 250 STADIUM DR, LEMERAND DR GAINESVILLE, FL 32604-2485 US	
2. Principal Place of Business - No P.O. Box # Ben Hill Griffin Stadium		3. Mailing Address Ben Hill Griffin Stadium	
Suite, Apt. #, etc. Lemerand Dr		Suite, Apt. #, etc. Lemerand Dr	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32604-2485	Country USA	Zip 32604-2485	Country USA
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 Jeremy Foley Street Address (P.O. Box Number is Not Acceptable) Ben Hill Griffin Stadium Lemerand Dr City Gainesville, FL Zip Code 32604-2485	
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 		Jeremy Foley, Director of Athletics 1/12/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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 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	VD McIntosh, David 901 N Olive Ave West Palm Beach, FL 33401 <input checked="" 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	C/D Machen, Bernie PO Box 113150 Gainesville, FL 32611 <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	S/D Matheny, Albert PO Box 112015 Gainesville, FL 32611 <input type="checkbox"/> Change <input checked="" 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	D Jeremy Foley 3677 SW 87th Dr. Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input 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 an officer like empowered.			
SIGNATURE 		Jeremy Foley 1/12/07 (352) 375-4683	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT
#60002132

2007 Not-For-Profit Corporation Annual Report

Page 2

University Athletic Association, INC.

Doc. #: 731494

11. Additions/Changes to Officers and Directors In-10:

Additions:

D

Mr. Don Dizney
PO Box 1100
Windermere, FL 34786

D

Mr. S. Daniel Ponce
7117 NW 20th Pl
Gainesville, FL 32605

D

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

D

Dr. Richard Lutz
PO Box 117155
206 Bryan Hall
Gainesville, FL 32611

D

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

D

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

D

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

D

Ms. Valeria Rodriguez
39030203 Keys Complex
Gainesville, FL 32612

P/D

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

D

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

D

Mr. Steve Melnyk
105 Virginia St
St Simons Island, GA 31522

D

John Boyles
PO Box 118505
305 Reitz Union
Gainesville, FL 32611

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