


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90011 007 ****70.00

DOCUMENT # 731494	
1. Entity Name THE UNIVERSITY ATHLETIC ASSOCIATION, INC.	

Principal Place of Business BEN HILL GRIFFIN STADIUM LEMERAND DR GAINESVILLE, FL 32604-2485 US	Mailing Address BEN HILL GRIFFIN STADIUM LEMERAND DR GAINESVILLE, FL 32604-2485 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6002050	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FOLEY, JEREMY N BEN HILL GRIFFIN STADIUM LEMERAND DR 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, 2008**

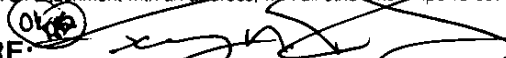
9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 901 N OLIVE AVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Poppell, Ed 6125 NW 58th Pl Gainesville FL 32653 <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	D Foley, Jeremy N. 3827 SW 91st Dr Gainesville FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, JEREMY N. 3677 SW 87TH DR GAINESVILLE, FL 32608 <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	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	CD MACHEN, BERNIE PO BOX 113150 GAINESVILLE, FL 32611 <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	SD MATHENY, ALBERT PO BOX 112015 GAINESVILLE, FL 32611 <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 all other like empowered.

SIGNATURE:  **Jeremy N. Foley** 2/8/08 352-375-4683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40025970
#731494

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University Athletic Association, INC.

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

Additions:

D
Mr. Donald Dizney
PO Box 1100
Windermere, FL 34786

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

D
Dr. Virginia Maurer
2210 NW 6th PI
Gainesville, FL 32603

D
Dr. Richard Lutz
2345 NW 13th PI
Gainesville, FL 32605

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

D
Mrs. Lynda Tealer
2516 NW 140th Terr
Gainesville, FL 32606

D
Mr. James Pressly
133 Seaspray Ave
Palm Beach, FL 33480

D
Mr. Jason Watkins
528 NW 39th Rd. #103
Gainesville, FL 32607

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 Virgina St
St Simons Island, GA 31522

D
Mr. Ryan Moseley
PO Box 118505
305 Reitz Union
Gainesville, FL 32611