## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#731494** 

FILED Apr 22, 2009 Secretary of State

Entity Name: THE UNIVERSITY ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BEN HILL GRIFFIN STADIUM LEMERAND DR GAINESVILLE, FL 326042485 US

Current Mailing Address: New Mailing Address:

BEN HILL GRIFFIN STADIUM LEMERAND DR GAINESVILLE, FL 326042485 US

FEI Number: 59-6002050 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOLEY, JEREMY N BEN HILL GRIFFIN STADIUM LEMERAND DR UNIVERSITY OF FLORIDA GAINESVILLE, FL 326042485 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DT
 ( ) Delete
 Title:
 DT
 (X) Change ( ) Addition

 Name:
 POPPELL, ED
 Name:
 POPPELL, ED

 Address:
 6125 NW 58TH PL
 Address:
 PO BOX 113100

City-St-Zip: GAINESVILLE, FL 32653 US City-St-Zip: GAINESVILLE, FL 32611 US

Title: () Delete Title: (X) Change ( ) Addition FOLEY, JEREMY N Name: FOLEY, JEREMY N Name: Address: 3827 SW 91ST DR Address: 3828 SW 91ST DR City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete Title: DP (X) Change ( ) Addition Name: FOLEY, JEREMY N. Name: MCGRIFF, W.A. Address: 3677 SW 87TH DR Address: 6702 LINEORD LN

 Address:
 3677 SW 87TH DR
 Address:
 6702 LINFORD LN

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 JACKSONVILLE, FL 32217

Title: D ( ) Delete Title: DVP (X) Change ( ) Addition Name: JAMES, JOHN Name: NOUSS, STEVE

 Name:
 SAMES, 30 ml
 Name:
 Nooss, 312 vE

 Address:
 23108 NE 69 AV
 Address:
 2341 NE 28TH CT

 City-St-Zip:
 MELROSE, FL
 City-St-Zip:
 LIGHTHOUSE POINT, FL 33064

The D (A) Delete

Title: CD () Delete Title: (X) Change ( ) Addition MACHEN, BERNIE MACHEN, BERNIE Name: Name: PO BOX 113150 PO BOX 113150 Address: Address: City-St-Zip: GAINESVILLE, FL 32611 City-St-Zip: GAINESVILLE, FL 32611

Title: SD () Delete Title: () Change () Addition

 Name:
 MATHENY, ALBERT
 Name:

 Address:
 PO BOX 112015
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32611
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEREMY N. FOLEY D 04/22/2009