

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39635

1. Entity Name

THE FLORIDA FOUNDATION ON ACTIVE AGING, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90063 034 ****61.25

Principal Place of Business

Mailing Address

C/O MARGARET LYNN DUGGAR
1018 THOMASVILLE RD. #110
TALLAHASSEE FL 32303-6237

C/O MARGARET LYNN DUGGAR
1018 THOMASVILLE RD. #110
TALLAHASSEE FL 32303-6271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3042968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGAR, MARGARET LYNN
1018 THOMASVILLE RD.
SUITE 110
TALLAHASSEE FL 32303

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GRONER, PAT	2200 BANQUO'S TRAIL	PENSACOLA FL
D	MALCHON, JEANNE	2400 PINELLAS POINT DR.	ST. PETERSBURG FL
D	DUGGAR, MARGARET LYNN	1018 THOMASVILLE RD S110	TALLAHASSEE FL

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)