

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39635

1. Entity Name

THE FLORIDA FOUNDATION ON ACTIVE AGING, INC.

Principal Place of Business

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

Mailing Address

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

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GRONER, PAT  
CITY-ST-ZIP 2200 BANQUO'S TRAIL  
PENSACOLA FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MALCHON, JEANNE  
CITY-ST-ZIP 2400 PINELLAS POINT DR  
ST. PETERSBURG FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DUGGAR, MARGARET LYNN  
CITY-ST-ZIP 1018 THOMASVILLE RD S110  
TALLAHASSEE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Margaret Duggar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

850 222-0080

Daytime Phone #

FILED  
May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90032 011 \*\*\*\*61.25

00062599



DO NOT WRITE IN THIS SPACE

0014332

CR2E037 (10/00)