

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26091

1. Entity Name

NATIONAL FOUNDATION ON GERONTOLOGY, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90065 046 \*\*\*158.75

Principal Place of Business

Mailing Address

8122 SAWYER BROWN RD  
SUITE 201  
NASHVILLE TN 37221  
US

8122 SAWYER BROWN RD  
SUITE 201  
NASHVILLE TN 37221-1402  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

201 Suite

Suite, Apt. #, etc.

Suite 201

City & State

Nashville, TN

City & State

NASHVILLE TN

Zip

37221

Country

DAVIDSON

Zip

Country

DAVIDSON

4. FEI Number

59-2724656

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NEAL, A.R. CHARLIE  
1357 FEATHER SOUND DR  
SUITE 300  
CLEARWATER FL 33767

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 PD ☐ Delete  
NAME COCHRAN, HOWARD H  
STREET ADDRESS 8122 SAWYER BROWN RD  
CITY-ST-ZIP NASHVILLE TN 37220

TITLE DS ☐ Delete  
NAME BATES, D. AL  
STREET ADDRESS 8122 SAWYER BROWN RD  
CITY-ST-ZIP NASHVILLE TN 37221

TITLE DT ☐ Delete  
NAME MACLEOD, STEVEN  
STREET ADDRESS 8122 SAWYER BROWN RD  
CITY-ST-ZIP NASHVILLE TN 37221

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Howard H. Cochran* PRESIDENT  
1-800-825-6596  
1-615-662-5129  
1-7-00