

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0088882

DOCUMENT # F95000001311

04-25-2001 90025 046 *****61.25

1. Entity Name

THE CALEDONIAN FOUNDATION USA, INC.

Principal Place of Business

Mailing Address

PO BOX 1242
 EDGARTOWN MA 02539-1242

PO BOX 1242
 EDGARTOWN MA 02539-1242

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

51-0190849

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

MCCABE, MARCIA
508 68TH ST.
HOLMES BEACH FL 34217

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 **C** Delete
 NAME **THE EARL OF DALKEITH**
 STREET ADDRESS **DABTON, THORNHILL**
 CITY-ST-ZIP **DUMFRIESSHIRE, SCOTLAND**

TITLE **D** Change Addition
 NAME **Marcia McCabe**
 STREET ADDRESS **508 68th St.**
 CITY-ST-ZIP **Holmes Beach FL 34217**

TITLE **D** Delete
 NAME **MCCABE, MARCIA**
 STREET ADDRESS **508 68TH STREET**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **D** Change Addition
 NAME **Mrs. J. Fernald**
 STREET ADDRESS **6920 W. Country Club Dr. N.**
 CITY-ST-ZIP **Sarasota FL 34243**

TITLE **D** Delete
 NAME **MURRAY, EVELYN**
 STREET ADDRESS **37 BLANCHARD ROAD**
 CITY-ST-ZIP **CAMBRIDGE MA 02138-1010**

TITLE **D** Change Addition
 NAME **Mrs. Tillie MacDonald**
 STREET ADDRESS **14 Shady Lane**
 CITY-ST-ZIP **Brewster MA 02631**

TITLE **D** Delete
 NAME **CONNOR, JOHN A**
 STREET ADDRESS **700 JOHN RINGLING BLVD**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** Change Addition
 NAME **A. Scott Bushey**
 STREET ADDRESS **340 S. Palm Ave. #122**
 CITY-ST-ZIP **Sarasota FL 34236**

TITLE **VT** Delete
 NAME **MACDONALD, DUNCAN**
 STREET ADDRESS **PO BOX 1242 N/A**
 CITY-ST-ZIP **EDGARTOWN MA 02539-1242**

TITLE **D** Change Addition
 NAME **Dale F. Baird Sr.**
 STREET ADDRESS **2708 S. Hooker**
 CITY-ST-ZIP **Denver, CO 80236**

TITLE **S** Delete
 NAME **MACNEAL, ETHEL K**
 STREET ADDRESS **7 WYNDMOOR DR.**
 CITY-ST-ZIP **MORRISTOWN NJ 07960-4631**

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.

Tel: 508-693-3135

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duncan MacDonald, Treas. 4/18/2001

Date

Daytime Phone #

CR2E037 (10/00)