2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826214

1. Entity Name

SCOTTISH & NEWCASTLE IMPORTERS CO.

Principal Place of Business	
444 DE HARO ST STE 209 SAN FRANCISCO CA 94107 US	
6 Di-1-1-1 Di (Dii	

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90073 033 ***150.00

Principal Plac	e of Busines	s	Mailing Address								
STE 209 STE 20			444 DE HARO ST	TE 209				u 7	041	×	
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san Francisc Is	O CA 94107		SAN FRANCISCO CA 9410 US	7							
io			00				* 1884 KB 1811 11818 11818 1186 1186	IEI BIEII BIDIE I			
2. Principal P	lace of Busin	ness	3. Mailing Address							i i nii 1881	
990	990 A Str	990 A Street				181 618 11 01911 1	HEIT BIEST DIE	II 4 5811 1 46 1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Suite 404			Suite 404								
City & State			City & State				FEI Number 95-2237897		Ar	plied For	7
San Rafael, California		San Rafael, California				30 EE31001		No	t Applicable]	
Zip		*Country ***	Zip		Country		Certificate of Status Desired	\$	8.75 Add	litional	}
94901 US		US	94901		US	5. Certificate of Status Desired Fee Req					
	6. Name	and Address of Current F	legistered Agent			7. 1	Name and Address of New Re	gistered A	jent]
					Name						
CT C	ORPORATI	on System			Stroot A	Idroco /P O E	Box Number is Not Acceptable)				1
1200	S. PINE IS	LAND ROAD			SileerAd	Juless (F.O. E	sox Number is Not Acceptable,	'			
Plan	itation fl	. 33324			- ·-						1
		€2							T		-
					City			FL	Zip Cod	e	
<u> </u>		1 9 00 00			ad affice or	ranistarad an	unt or both in the State of Flor	ido	<u> </u>		1
8. The above	named entit	y submits this statement for	the purpose of changing its	s register	ea office of	registered ag	ent, or both, in the State of Flor	iua,			l
										•	
SIGNATURE .	Cinceture types	or printed name of registered agent ar	MO:	TF: Bonistore	d Agent signatu	re required when re	einstating)	DATE			
	Signature, typed	or printed fiame of registered agent ar	to title il applicable. (NO	TL. Hegistere	o Agent signato	ie required when re					┨
9. This corpo	oration is elig	ible to satisfy its Intangible	FILE NOW				10. Election Campaign Fina	ancina	\$5.0	0 May Be	
Tax filing requirement and elects to do so.			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				Trust Fund Contribution			to Fees	
(See criter	ria on back)		Make Check Paya	ble to D	epartment]
11.		OFFICERS AND D	DIRECTORS	12.			DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR		۽ إ
TITLE	Р		☐ Delete	TITL	E	Direct			☐ Change	X Addition	2
NAME	KEITH, RI			NAM	E	John I	-				15
STREET ADDRESS	l .	ELL PLACE		STRI	ET ADDRESS	Cricht	on Cottage				3
CITY-ST-ZIP	EDINBURGH, UK			CITY	-ST-ZIP	Strath	Strathearn, Scotland UK				
TITLE	D		Delete Delete	TITL	E	Assist	ant Secretary		☐ Change	X Addition	6
NAME		ON, MITCHELL		NAM	E		en C. Lauth				
STREET ADDRESS	9556 TUL	LIS		STRI	ET ADDRESS		stello Road				
CITY-ST-ZIP	BEVERLY	HILLS CA	Single-special statements of	CITY	- ST-ZIP =		tte, CA 94549				
TITLE	STD		☐ Delete	TITL	Ε	•	•		☐ Change	Addition	
NAME		on, arthur		NAM	E						
STREET ADDRESS	23836 AE	tna st		STR	ET ADDRESS						
CITY-ST-ZIP		ND HILLS CA		CITY	-ST-ZIP						_
TITLE	VP		☐ Delete	TITL	Ē				☐ Change	Addition	
NAME	MOODIE,	KEVIN		NAM	E						
STREET ADDRESS	444 DE H	ARO ST STE 209		STRI	ET ADDRESS						
CITY-ST-ZIP	SAN FRA	NCISCO CA		CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	E .				☐ Change	☐ Addition	1
NAME				NAM	E						
STREET ADDRESS				STR	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			□ Delete	TITL					Change	Addition	1
NAME			Dolott	NAM							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						

13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Kevin J. Moodie/Vice President

(415) 257-2608

Daytime Phone #

Date