

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001311

1. Entity Name

THE CALEDONIAN FOUNDATION USA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90081 012 ****61.25

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



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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	C	<input type="checkbox"/> Delete
NAME	THE EARL OF DALKEITH	
STREET ADDRESS	DABTON, THORNHILL	
CITY-ST-ZIP	DUMFRIESSHIRE, SCOTLAND	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACARTHUR, DIANA	
STREET ADDRESS	5103 CAPE COD COURT	
CITY-ST-ZIP	BETHESDA MD 20816	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, EVELYN	
STREET ADDRESS	37 BLANCHARD ROAD	
CITY-ST-ZIP	CAMBRIDGE MA 02138-1010	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNOR, JOHN A	
STREET ADDRESS	700 JOHN RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MACDONALD, DUNCAN	
STREET ADDRESS	PO BOX 1242 N/A	
CITY-ST-ZIP	EDGARTOWN MA 02539-1242	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACNEAL, ETHEL K	
STREET ADDRESS	7 WYNDMOOR DR.	
CITY-ST-ZIP	MORRISTOWN NJ 07960-4631	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcia McCabe	
STREET ADDRESS	508 68th St.	
CITY-ST-ZIP	Holmes Beach FL 34217	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mrs. Judy Fernald	
STREET ADDRESS	6920 W. Country Club Dr. N.A.	
CITY-ST-ZIP	Sarasota FL 34243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tillie MacDonald	
STREET ADDRESS	14 Shady Lane	
CITY-ST-ZIP	Brewster, MA 02631	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Duncan MacDonald:	
STREET ADDRESS	P/T)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of Signer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 1-800-713-0507

Date

Daytime Phone #