

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001311

1. Entity Name

THE CALEDONIAN FOUNDATION USA, INC.

Principal Place of Business

PO BOX 1242
EDGARTOWN MA 02539-1242

Mailing Address

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

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 NAME STREET ADDRESS CITY-ST-ZIP	C THE EARL OF DALKEITH DABTON, THORNHILL DUMFRIESSHIRE, SCOTLAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCABE, MARCIA 508 68TH STREET HOLMES BEACH FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, EVELYN 37 BLANCHARD ROAD CAMBRIDGE MA 02138-1010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOR, JOHN A 700 JOHN RINGLING BLVD SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MACDONALD, DUNCAN PO BOX 1242 N/A EDGARTOWN MA 02539-1242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACNEAL, ETHEL K 7 WYNDMOOR DR. MORRISTOWN NJ 07960-4631	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcia McCabe 508 68th St. Holmes Beach FL 34217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mrs. J. Fernald 6920 W. Country Club Dr. N. Sarasota FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mrs. Tillie MacDonald 14 Shady Lane Brewster MA 02631	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D A. Scott Bushey 340 S. Palm Ave. #122 Sarasota FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dale F. Baird Sr. 2708 S. Hooker Denver, CO 80236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Duncan MacDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duncan MacDonald, Treas. 4/18/2001

Date Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)