

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90020 017 ****61.25

DOCUMENT # F95000001311

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 **Asst. Treas** ☐ Change ☒ Addition
 NAME **Scott Bushey**
 STREET ADDRESS **340 S. Palm Ave.**
 CITY-ST-ZIP **Sarasota FL 34236**

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

TITLE **Pres** ☐ Change ☒ Addition
 NAME **Robert McWilliam**
 STREET ADDRESS **516 E. Day Ave**
 CITY-ST-ZIP **Milwaukee WI 53217**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

4/10/02

800

7130507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)