

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90377 010 \*\*\*\*61.25

DOCUMENT # F95000001311

1. Entity Name

THE CALEDONIAN FOUNDATION USA, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

POBox 1242

Suite, Apt. #, etc.

3. Mailing Address

POBox 1242

Suite, Apt. #, etc.

City & State

Edgartown MA

City & State

Edgartown MA

Zip

02539

Country

USA

Zip

02539

Country

USA

4. FEI Number

51-0190849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MISS Marcia McCabe

Street Address (P.O. Box Number is Not Acceptable)

508 68th St.

City

Holmes Beach

FL

Zip Code

34217

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres:  
Robert McWilliam  
516 E. Day Ave.  
Whitefish Bay WI 53217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Exec VP/Tr  
Miss Duncan MacDonald  
POBox 1242  
Edgartown MA 02539

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secy:  
Miss Marcia McCabe  
508 68th St.  
Holmes Beach FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Asst.Tr:  
A.Scott Bushey  
340 W. Palm Ave.  
Sarasota FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mr. John A. Connor - D  
700 John Ringling Blvd.  
Sarasota FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mr. Thos. M. Brownlee - D  
200 Cambridge Dr.  
Winter Park FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Duncan MacDonald*

Duncan MacDonald ExecVP/Tr/D

508-693-3135

CR2E037B (12/02)