

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91344 040 ****61.25

DOCUMENT # N37201

1. Entity Name

CALEDONIAN FOUNDATION, INC.

Principal Place of Business

1515 RINGLING BLVD.
 SUITE 1000
 SARASOTA FL 34236

Mailing Address

P. O. BOX 39085
 SARASOTA FL 34238

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

65-0188613

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

JONES, DIANA B
4174 LAS PALMAS WAY
SARASOTA FL 34238-2868

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

Diana B. Jones

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

Diana B. Jones

(NOTE: Registered Agent signature required when reinstating)

April 29, 2001

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 **T** ☐ Delete
 NAME **JONES, DIANA B**
 STREET ADDRESS **4174 LAS PALMAS WAY**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Change ☒ Addition
 NAME **Candlish, Malcom**
 STREET ADDRESS **465 WALLS WAY**
 CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **D** ☐ Delete
 NAME **HOLMAN, CHARLES A.**
 STREET ADDRESS **8303 SHADOW PINE WAY**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Change ☒ Addition
 NAME **Holman, Elizabeth**
 STREET ADDRESS **8303 Shadow Pine Way**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **D** ☐ Delete
 NAME **BLAIR, DONALD**
 STREET ADDRESS **5179 HIDDEN HARBOR RD.**
 CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **D** ☐ Delete
 NAME **CEDERQUIST, STANLEY**
 STREET ADDRESS **4804 HEST PK CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **D** ☐ Delete
 NAME **WALLACE, WILLIAM**
 STREET ADDRESS **4683 WILLOW WOOD CIRCLE**
 CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **S** ☐ Delete
 NAME **BARNER, JOHN JR**
 STREET ADDRESS **5221 HERON WAY**
 CITY-ST-ZIP **SARASOTA FL 34231**

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:

Diana B. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2001 941-924-4443

Date

Daytime Phone #

CR2E037 (10/00)