

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002973**

1. Entity Name

R. CATHLEEN COX MCFARLANE CHARITABLE FOUNDATION,**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90081 019 ****70.00

Principal Place of Business

**223 PERUVIAN AVENUE
PALM BEACH FL 33480**

Mailing Address

**456 WORTH AVE
PALM BEACH FL 33480-4520
US**

A0005132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0856300

Applied For

Not Applied

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**BROBERG, GUSTAVE T JR.
223 PERUVIAN AVENUE
PALM BEACH FL 33480**

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	D	<input type="checkbox"/> Delete
NAME	COX MCFARLANE, R. CATHLEEN	
STREET ADDRESS	223 PERUVIAN AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, CHRISSI	
STREET ADDRESS	223 PERUVIAN AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input type="checkbox"/> Delete
NAME	HEALEY, BRIDGET C	
STREET ADDRESS	223 PERUVIAN AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #