

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90081 040 \*\*\*\*70.00

**DOCUMENT # N97000002973**

1. Entity Name

**R. CATHLEEN COX MCFARLANE CHARITABLE FOUNDATION, INC.**



Principal Place of Business

**223 PERUVIAN AVENUE  
PALM BEACH FL 33480**

Mailing Address

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

2. Principal Place of Business

**456 Worth Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Beach, Florida**

City & State

4. FEI Number **65-0856300**

Applied For

Not Applicable

Zip

**33480**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**R. Cathleen Cox McFarlane**

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

**456 Worth Avenue**

City

**Palm Beach**

**FL**

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

**R. Cathleen Cox McFarlane  
Director**

SIGNATURE

*R. Cathleen Cox McFarlane*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/16/03*

**FILE NOW: FEE IS \$61.25**

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 **D** ☐ Delete  
NAME **COX MCFARLANE, R. CATHLEEN**  
STREET ADDRESS **223 PERUVIAN AVENUE**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete  
NAME **PETERSON, CHRISSI**  
STREET ADDRESS **223 PERUVIAN AVENUE**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete  
NAME **HEALEY, BRIDGET C**  
STREET ADDRESS **223 PERUVIAN AVENUE**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

*R. Cathleen Cox McFarlane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/03*

CR2E037 (10/02)

0041470