

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N18833**

1. Entity Name

THE CALEDONIAN CLUB OF FLORIDA WEST, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90002 029 ****61.25

Principal Place of Business

Mailing Address

P O BOX 19281
SARASOTA FL 34276P O BOX 19281
SARASOTA FL 34276-2281

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

59-2822003

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

Name

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

City

FL

Zip Code

OSBORNE, DONALD
4283 SHIALA LANE
SARASOTA FL 34235

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 \$61.259. 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 **PD** ☐ Delete
NAME **OSBORNE, DONALD**
STREET ADDRESS **4283 SHIALA LN**
CITY-ST-ZIP **SARASOTA FL 34235**TITLE **VPD** ☐ Delete
NAME **NEUSS, TERRY**
STREET ADDRESS **8366 SHADOW PINE WAY**
CITY-ST-ZIP **SARASOTA FL 34238**TITLE **VPD** ☐ Delete
NAME **KENNADY, JAMES**
STREET ADDRESS **2615 NODOSA DR**
CITY-ST-ZIP **SARASOTA FL 34242**TITLE **SD** ☐ Delete
NAME **JANSSEN, HELEN**
STREET ADDRESS **207 RUBENS DR APT H**
CITY-ST-ZIP **NOKOMIS FL 34275**TITLE **TD** ☒ Delete
NAME **THOMAS, PATRICIA**
STREET ADDRESS **926 S DORAL LANE**
CITY-ST-ZIP **VENICE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME **PAULSON, PAMELA E.**
STREET ADDRESS **301 OAK HILL DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**PAMELA E. PAULSON**

2/6/00

941-378-8143

Date

Daytime Phone #