

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N18833**

1. Entity Name

THE CALEDONIAN CLUB OF FLORIDA WEST, INC.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 AM 11:05

Principal Place of Business

Mailing Address

P O BOX 19281
SARASOTA FL 34276P O BOX 19281
SARASOTA FL 34276

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

**OSBORNE, DONALD
4283 SHIALA LANE
SARASOTA FL 34235**

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

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**After September 12, 2001, min. will be \$236.25**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	TD	<input type="checkbox"/> Delete
NAME	PAULSON, PAMELA E	
STREET ADDRESS	301 OAK HILL DRIVE	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE	PRESIDENT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURIEL MARWOL	
STREET ADDRESS	1642 LIVINGSTONE ST	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NEUSS, TERRY	
STREET ADDRESS	8388 SHADOW PINE WAY	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE	SECRETARY D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHERINE WARRICK	
STREET ADDRESS	1530 BLUE HORIZON DR	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KENNADY, JAMES	
STREET ADDRESS	2615 NODOSA DR	
CITY-ST-ZIP	SARASOTA FL 34242	

TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESSICA VENTIMIGLIA	
STREET ADDRESS	5013 72ND CT E	
CITY-ST-ZIP	RAADENTON FL 34203	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JANSSEN, HELEN	
STREET ADDRESS	207 RUBENS DR APT H	
CITY-ST-ZIP	NOKOMIS FL 34275	

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

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

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

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

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/7/01

941-266-1472

CP2E037 (5/01)

SP