

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18833

1. Entity Name

THE CALEDONIAN CLUB OF FLORIDA WEST, INC.

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90378 045 ****61.25

Principal Place of Business

Mailing Address

P O BOX 19281
SARASOTA FL 34276

P 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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
PAULSON, PAMELA E
301 OAK HILL DRIVE
SARASOTA FL 34235

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RONALD KEMP
4312 PRO AM AVE
BRADENTON FL 34203

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MAXWELL, MURIEL
1642 LIVINGSTONE ST
SARASOTA FL 34231

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
RUBY ABRAMAMS
1531 CLOUD CREEK DR H141
SARASOTA FL 34231

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
VENTIMIGUA, JESSICA
5013 72ND CT E
BRADENTON FL 34203

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UPD
PAULINE MITCHELL
329 SARRENTO ST
VENICE FL 34293

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
WARNER, CATHERINE
1530 BLUE HERON DR
SARASOTA FL 34239

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DON CROWLEY
4605 WINDSOR PARK
SARASOTA FL 34235

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MANNING EDMONDS
4080 SOUTHERN MANOR CT
SARASOTA FL 34233

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

PAMELA E. PAULSON

4/21/02

941-266-1472

CR2E037 (9/01)