



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **01/06/2016**

X588QPE3

Company Name: **FOXTROT THEATRE COMPANY**

Company Number: **SC186350**

Date of this return: **27/05/2016**

SIC codes: **85590**

Company Type: **Private company limited by guarantee exempt under section 60**

Situation of Registered Office: **THE GATEWAY NORTH METHVEN STREET
PERTH
PERTHSHIRE
PH1 5PP**

Single Alternative Inspection Location (SAIL)

The address for an alternative location to the company's registered office for the inspection of registers is:

9 ASHGROVE
SCONE
PERTH
SCOTLAND
PH2 6NU

There are no records kept at the above address

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR ALAN JAMES**

Surname: **NAIRN**

Former names:

Service Address recorded as Company's registered office

Company Director ***I***

Type: **Person**

Full forename(s): **MR DAVID**

Surname: **BELL**

Former names:

Service Address: **ALLT NA GLEANN, 1 TOFTS
DALRY
AYRSHIRE
KA24 5AS**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/05/1942** *Nationality:* **BRITISH**

Occupation: **CONSULTANT IN PUBLIC
HEALTH ME**

Company Director 2

Type: **Person**
Full forename(s): **DR PATRICK JAMES**

Surname: **CARRAGHER**

Former names:

Service Address: **THE ORCHARD
ST RONAN'S DR, HIGH ST
KINROSS
TAYSIDE
KY13 8AA**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/10/1958** *Nationality:* **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

Company Director **3**

Type: **Person**
Full forename(s): **MR ALAN JAMES**

Surname: **NAIRN**

Former names:

Service Address: **9 ASHGROVE
SCONE
PERTH
PH2 6NU**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/04/1960** *Nationality:* **BRITISH**
Occupation: **RETIRED**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.