

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766176

1. Entity Name

IRISH AMERICAN ORTHOPAEDIC SOCIETY, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90057 031 ****61.25

Principal Place of Business

Mailing Address

% BERNARD C. O'NEILL, JR.
200 E. ROBINSON, STE 865
ORLANDO FL 32801

% BERNARD C. O'NEILL, JR.
200 E. ROBINSON, STE 865
ORLANDO FL 32801-1959

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

59-2253980

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

O'NEILL, BERNARD C., JR.
200 E ROBINSON ST.
SUITE 865
ORLANDO FL 32801

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 P ☐ Delete
NAME QUINN, LEO F
STREET ADDRESS 903 MEADOWS RD.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition
NAME **PAST PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME MCLAUGHLIN, ROBERT G
STREET ADDRESS % UNIV. OF VIRGINIA, 1726 OLD FORGE RD.
CITY-ST-ZIP CHARLOTTESVILLE VA 22901

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **MR. RICHARD O'CONNELL**
CITY-ST-ZIP **WATERFORD, IRELAND**

TITLE D ☐ Delete
NAME O'NEILL, JR., BERNARD C
STREET ADDRESS 200 E ROBINSON ST., SUITE 865
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE VP ☐ Delete
NAME CAROLAN, PATRICK J
STREET ADDRESS 3909 MAIN ST.
CITY-ST-ZIP BRIDGEPORT CT

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FLYNN, JOSEPH C
STREET ADDRESS 100 W. GORE ST. #403
CITY-ST-ZIP ORLANDO FL 32806

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

TITLE ST ☐ Delete
NAME KANE, ROBERT J
STREET ADDRESS 55 CRINE RD.
CITY-ST-ZIP COLTS NECK NJ 07722

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:

SIGNATURE RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)