

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0087496

DOCUMENT # 742846

1. Entity Name

IRISH-AMERICAN SOCIAL CLUB, INC.

03-28-2002 90134 046 ****61.25

Principal Place of Business

**952 W BEAKRUSH LANE
 BEVERLY HILLS FL 34465
 US**

Mailing Address

**P.O. BOX 640842
 BEVERLY HILLS FL 34464-0842
 US**

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

59-2868645

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

**LEE, K.T.
 952 W BEAKRUSH LAKE
 BEVERLY HILLS FL 34465-4213**

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 *Katherine J. Lee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-02

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 **PD** ☐ Delete
 NAME **ATHERTON, GERRI**
 STREET ADDRESS **55 S DAVIS STREET**
 CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **HELEN MCGUANE** ☒ Change ☐ Addition
 NAME **70 S.J. KELLNER BLVD.**
 STREET ADDRESS **BEVERLY HILLS, FL 34465**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **LEE, K.T.**
 STREET ADDRESS **952 W BEARRUSH LANE**
 CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE **TD** ☐ Delete
 NAME **REINHART, JOAN**
 STREET ADDRESS **4167 N AMECHE TERR**
 CITY-ST-ZIP **BEVERLY HILLS FL**

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

TITLE **VPD** ☐ Delete
 NAME **MCEVILY, AILEEN**
 STREET ADDRESS **3640 N LUCILLE DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **MILDRED DOWLING** ☒ Change ☐ Addition
 NAME **7 ARIZONA ST.**
 STREET ADDRESS **BEVERLY HILLS, FL**
 CITY-ST-ZIP

TITLE **2VPD** ☐ Delete
 NAME **TAYLOR, DOREEN**
 STREET ADDRESS **8016 N TOWER WAY**
 CITY-ST-ZIP **CITRUS SPRINGS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 IREQ empowered.

SIGNATURE:

Signature Required

JOAN REINHART

3/14/02 352-527-7064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)