

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90282 017 ****61.25

DOCUMENT # 730145

1. Entity Name

THE IRISH-AMERICAN CEILI CLUB, INC.



Principal Place of Business

**521 N.W. 93RD TERR
PEMBROKE PINES FL 33024
US**

Mailing Address
**1801 POLK STREET
PO BOX 220315
HOLLYWOOD FL 33022
US**

2. Principal Place of Business

521 NW 93 TERRACE

3. Mailing Address

P.O. Box - 220315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

Country

33024 USA

Zip

Country

33022 USA

6. Name and Address of Current Registered Agent

CARBERRY, MAUREEN

**521 N.W. 93RD TERR
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

MAUREEN CARBERRY

Street Address (P.O. Box Number is Not Acceptable)

521 NW 93 TERRACE

City

PEMBROKE PINES

FL

Zip Code

33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MAUREEN CARBERRY

Maureen Carberry

2/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DEA, PATRICK 1777 S.E. 15 STREET APT-402 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARBERRY, MAUREEN 521 N.W. 93 TERRACE PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, DOROTHY 1007 N 19 AVE #19 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MILTON 14820 NE CT NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B CARRIGAN, ANN 1527 VERACRUZ LANE WESTON FL 33327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MILTON 14820 NE 8 COURT MIAMI FL 33161	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'DEA, PATRICK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARBERRY, MAUREEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SULLIVAN, DOROTHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERMINELLO, MARY 1060 JOHNSON STREET HOLLYWOOD, FL. 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOYCE, MARY 1622 PLUNKETT STREET HOLLYWOOD, FL. 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLINN, MARY JO 2764 N.E. 34 STREET FT. LAUDERDALE, FL. 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Maureen Carberry

2-14-03 954-4328292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)