

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90153 039 ****61.25

DOCUMENT # 742846

1. Entity Name

IRISH-AMERICAN SOCIAL CLUB, INC.



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

**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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|---------------------|------------------------|---------------------------------|
| PD | MCGUANE, HELEN | 70 SJ KELLNER BLVD | BEVERLY HILLS FL 34465 | <input type="checkbox"/> |
| SD | LEE, K.T. | 952 W BEARRUSH LANE | BEVERLY HILLS FL | <input type="checkbox"/> |
| TD | REINHART, JOAN | 4167 N AMECHE TERR | BEVERLY HILLS FL | <input type="checkbox"/> |
| VPD | MILDRED, DOWLING | 7 ARIZONA ST | BEVERLY HILLS FL | <input type="checkbox"/> |
| 2VPD | TAYLOR, DOREEN | 8016 N TOWER WAY | CITRUS SPRINGS FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-03

527-7064

CR2E037 (10/02)