

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743936

1. Entity Name

ST. PATRICK'S DAY PARADE COMMITTEE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90107 028 ****61.25

Principal Place of Business

Mailing Address

11098 BISCAYNE BLVD.
#205
MIAMI FL 33161
US

P.O. BOX 144844
CORAL GABLES FL 33114-4844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1862399

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KELLEY, CHRISTOPHER P.
11098 BISCAYNE BLVD #205
MIAMI FL 33161

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 DS ☐ Delete
NAME CAMERON, BILLY
STREET ADDRESS 1100 S.W. 35TH TERRACE
CITY-ST-ZIP MIAMI FL 33179

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

TITLE VD ☐ Delete
NAME SHELOW, DANNY
STREET ADDRESS 555 N.E. 75TH ST.
CITY-ST-ZIP MIAMI FL 33138

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

TITLE VD ☐ Delete
NAME MEYER, ROBERT
STREET ADDRESS 207 ALHAMRA CIRCLE #1102
CITY-ST-ZIP CORAL GABLES FL 33143

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

TITLE P ☐ Delete
NAME O'BRIEN, WILLIAM
STREET ADDRESS 14304 S.W. 142ND AVENUE
CITY-ST-ZIP MIAMI FL 33186

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

TITLE D ☐ Delete
NAME VALERIANI, NICHOLAS P
STREET ADDRESS 3515 EAST GLONCUE ST.
CITY-ST-ZIP MIAMI FL 33127

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

TITLE DT ☐ Delete
NAME DOHERTY, JOHN
STREET ADDRESS 9810 S.W. 115TH AVENUE
CITY-ST-ZIP MIAMI FL 33176

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)