

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754626

1. Entity Name

SONS AND DAUGHTERS OF ERIN, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90044 038 ****61.25

Principal Place of Business

Mailing Address

3112 APPLE-BLOSSOM TR
SPRING HILL FL 34606
US

3112 APPLE-BLOSSOM TR
SPRING HILL FL 34606
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7725-2 FOREST TRAIL

7725-2 FOREST TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

4. FEI Number

59-2150280

Applied For

Not Applicable

Zip

34668

Country

PASCO

Zip

34668

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, SATOKO
8606 INDIES DR
HUDSON FL 34667-4118

7. Name and Address of New Registered Agent

Name FRANCIS J. TREANOR

Street Address P.O. Box Number is Not Acceptable
7725-2 FOREST TRAIL

City

PORT RICHEY

FL

Zip Code

34668

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

FRANCIS J. TREANOR

Francis J. Treanor

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	O'MALLEY, THERESA	
STREET ADDRESS	8112 APPLE BLOSSOM TR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, TIMOTHY	
STREET ADDRESS	7434 ASHWOOD DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	O'MALLEY, BERNARD	
STREET ADDRESS	3112 APPLE BLOSSOM TRAIL	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JOHN	
STREET ADDRESS	8606 INDIES DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCLAUGHLIN, SATOKO	
STREET ADDRESS	8606 INDIES DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, ANNA	
STREET ADDRESS	8201 RED CEDAR DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIP P. KIRCHER	
STREET ADDRESS	10260 CASEY DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL, 34654	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM FORCE	
STREET ADDRESS	5413 PALM DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL, 34652	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET E. GAZEL	
STREET ADDRESS	4449 TERRY LP.	
CITY-ST-ZIP	NEW PORT RICHEY, FL, 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS J. TREANOR	
STREET ADDRESS	7725-2 FOREST TR.	
CITY-ST-ZIP	PORT RICHEY, FL, 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Francis J. Treanor FRANCIS J. TREANOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-848-4036

Daytime Phone #

CR2E037 (10/00)