

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760198

1. Entity Name

SHAMROCK SOCIETY, INC.

Principal Place of Business

Mailing Address

C/O NORBERT C KOENIG  
21555 ALTAMIRA AVE  
BOCA RATON FL 33433

C/O NORBERT C KOENIG  
21555 ALTAMIRA AVE  
BOCA RATON FL 33433

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

59-2192740

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

KOENIG, NORBERT C  
21555 ALTAMIRA AVE  
BOCA RATON FL 33433

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 D ☐ Delete  
NAME BEARY, PATRICK  
STREET ADDRESS 3212 S. OCEAN BLVD., #905  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

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

TITLE S ☐ Delete  
NAME BARRETT, ADELE M.  
STREET ADDRESS 1149 S.W. 11TH STREET  
CITY-ST-ZIP BOCA RATON FL

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

TITLE D ☒ Delete  
NAME GROSS, JOHN  
STREET ADDRESS 17404 SPRING TREE LANE  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☒ Change ☐ Addition  
NAME NOREEN O'MALLEY  
STREET ADDRESS 300 NE OLIVE WAY  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE CD ☐ Delete  
NAME CARR, EDITH  
STREET ADDRESS 1655 ROYAL PALM WAY  
CITY-ST-ZIP BOCA RATON FL

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

TITLE T ☐ Delete  
NAME KOENIG, NORBERT C.  
STREET ADDRESS 21555 ALTAMIRA AVENUE  
CITY-ST-ZIP BOCA RATON FL

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

TITLE P ☒ Delete  
NAME WARD, MRS. STEPHEN A III  
STREET ADDRESS 428 PLAZA REAL, #414  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition  
NAME U.P. SHIPLEY WISLOCKY  
STREET ADDRESS 9328A Sable Ridge Circle  
CITY-ST-ZIP BOCA RATON, FL 33428

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90069 030 \*\*\*\*61.25

ADU05771



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)