

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90062 017 \*\*\*\*61.25

**DOCUMENT # 760198**

1. Entity Name

**SHAMROCK SOCIETY, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**c/o William E. Fenton, Jr.**

**Suite, Apt. #, etc.  
23060 L'Ermitage Circle**

**City & State  
Boca Raton, FL**

**Zip: 33433 Country: USA**

3. Mailing Address

**c/o William E. Fenton, Jr.**

**Suite, Apt. #, etc.  
23060 L'Ermitage Circle**

**City & State  
Boca Raton, FL**

**Zip: 33433 Country: USA**



☒ CHECK HERE IF MAKING CHANGES

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

**KOENIG, NORBERT C  
21555 ALTAMIRA AVE  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **William E. Fenton, Jr.**

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

**23060 L'Ermitage Circle**

City **Boca Raton** FL Zip Code **33433**

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 **William E. Fenton, Jr. (William E. Fenton, Jr.)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/13/03**  
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	<b>D BEARY, PATRICK 3212 S. OCEAN BLVD., #905 HIGHLAND BEACH FL 33487</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Daly, Joan 706 N.E. Harbour Terrace, #234 Boca Raton, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BARRETT, ADELE M. 1149 S.W. 11TH STREET BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P O'MALLEY, NOREEN 300 NE OLIVE WAY BOCA RATON FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD CARR, EDITH 1655 ROYAL PALM WAY BOCA RATON FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD Cook, Rev. Thomas 16400 N.W. 32nd Avenue Miami, FL 33054</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KOENIG, NORBERT C. 21555 ALTAMIRA AVENUE BOCA RATON FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Fenton, William E. Jr. 23060 L'Ermitage Circle Boca Raton, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VISLOCKY, SHIRLEY 9328A SABLE RIDGE CIRCLE BOCA RATON FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: **William E. Fenton, Jr. (William E. Fenton, Jr.)** **1/13/03** **305-899-3070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)