

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # 770381

1. Entity Name

CELTIC CIRCLE - IRISH CULTURAL SOCIETY OF FORT W

FILED

Apr 28, 2000 8:00 am
Secretary of State

01-27-2000 90111 031 ****61.25

Principal Place of Business

Mailing Address

209 HAWTHORNE CIR.
FT. WALTON BCH FL 32547
US209 HAWTHORNE CIR.
FT. WALTON BCH FL 32547-3707
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

59-3177812

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLANCY, MARY E.
209 HAWTHORNE CIRCLE
FT. WALTON BEACH FL 32547

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

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

MARY E. CLANCY

1-21-2000

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SSVD	<input checked="" type="checkbox"/> Delete
NAME	MAGUIRE, WALTER	
STREET ADDRESS	2024 WIND TRACE S.	
CITY-ST-ZIP	NAVARRE FL 32566	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN MEGOLDRICK	
STREET ADDRESS	253 MISSISSIPPI AVE	
CITY-ST-ZIP	VALPARAISO FL 32580	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	PURCELL, BEATIE	
STREET ADDRESS	204 HOOD AVENUE	
CITY-ST-ZIP	FORT WALTON FL 32548	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER MAGUIRE	
STREET ADDRESS	2024 WIND TRACE	
CITY-ST-ZIP	NAVARRE FL 32561	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CLANCY, MARY E.	
STREET ADDRESS	209 HAWTHORNE CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL	

TITLE	R.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN YANORA	
STREET ADDRESS	943D ASHLEY LN.	
CITY-ST-ZIP	FT. WALTON BCH FL 32547	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PURCELL BEATIE	
STREET ADDRESS	204 HOOD AVE.	
CITY-ST-ZIP	FT. WALTON BCH FL	

TITLE	CHAPLAIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BUTLER	
STREET ADDRESS	502 VINCENT AVE	
CITY-ST-ZIP	FT. WALTON BCH 32547	

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	MACGROGAN, RAY	
STREET ADDRESS	806 PINE ST.	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	SERGEANT-AT-ARMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS STONE	
STREET ADDRESS	1405 SCOTT ST.	
CITY-ST-ZIP	NICEVILLE FL 32578	

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

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:

MARY E. CLANCY MARY E. CLANCY 1-21-2000 862-3572
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)