

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90065 028 \*\*\*\*61.25

**DOCUMENT # 770381**

1. Entity Name

**CELTIC CIRCLE - IRISH CULTURAL SOCIETY OF FORT W  
 ALTON BEACH, INC.**

Principal Place of Business  
**209 HAWTHORNE CIR.  
 FT. WALTON BCH FL 32547  
 US**

Mailing Address  
**209 HAWTHORNE CIR.  
 FT. WALTON BCH FL 32547  
 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

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

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when re-registering)

03-01-03

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  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCGOLDRICK, JEAN 253 MISSISSIPPI AVE VALPARAISO FL 32580</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT MAGUIRE, WALTER 2024 WIND TRACE NAVARRE-FL-32561</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RST YANDRA, JOHN 943 D ASHLEY LN FORT WALTON BEACH FL 32547</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C BUTLER, JAMES 502 VINCENT AVE FORT WALTON BEACH FL 32547</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAAT MADAMBA, MARK 200 WHITE ST. NICEVILLE FL 32578</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CLANCY, MARY E 209 HAWTHORNE CIR. FORT WALTON BEACH FL 32547</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS Maguire, WALTER 2024 WIND TRACE NAVARRE FL 32561</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. D CLANCY MARY E 209 HAWTHORNE CIR. <del>FT. WALTON BEACH FL 32547</del></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C. D BUTLER, JAMES 502 VINCENT AVE FT. WALTON BEACH FL 32547</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C PURCELL BEATTIE 204 HOOD AVE FT. WALTON BEACH FL 32548</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MARY E. CLANCY 03-01-03  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

850-862-3572