

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001549

1. Entity Name

THE CHILDREN OF IRELAND GROUP, INC.

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90132 021 ****61.25

Principal Place of Business

Mailing Address

2580 CARE DR., STE. 2
TALLAHASSEE FL 32303

2580 CARE DR., STE. 2
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3608648

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RYAN, J. TERRY
2580 CARE DR., STE. B
TALLAHASSEE FL 32303

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 . PC ☐ Delete
NAME RYAN, J TERRY
STREET ADDRESS 2580 CARE DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☒ Delete
NAME HUGHES, TIM
STREET ADDRESS 1721 COPPERFIELD CIR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☒ Delete
NAME DEBOLT, SUZANNE
STREET ADDRESS 2580 CARE DR., STE. 2
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME DEBOLT, MICHAEL
STREET ADDRESS 2580 CARE DR., STE. 2
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME SMITH, MARIA T
STREET ADDRESS 2580 CARE DR., STE. 2
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Delete
NAME FITZGERALD, JOHN
STREET ADDRESS 2580 CARE DR., STE. 2
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02

CR2E037 (9/01)