

# '2002 UNIFORM BUSINESS REPORT (UBR)

5/22

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90071 013 \*\*\*\*61.25

**DOCUMENT # N00000002501**

1. Entity Name

**IRISH AMERICAN CLUB OF LEE COUNTY, INC.**

Principal Place of Business

Mailing Address

**6940 JULIE ANN COURT  
 FT. MYERS FL 33919**

**POST OFFICE BOX 61015  
 FT. MYERS FL 33919**

**39336**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

**65-1097848**

4. FEI Number

**APPLIED FOR**

☒ 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

**CONNOLLY, THOMAS  
 3400 COLLEGE PKWY. #78A  
 FORT MYERS FL 33907**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CONNOLLY, THOMAS</b> <b>3400 COLLEGE PKWY. #78A</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GRIFFIN, LAURA</b> <b>1905 NE 3RD CT</b> <b>CAPE CORAL FL 33909</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NORTON, AUDREY</b> <b>1442 FORT DENAUS RD</b> <b>ALVA FL 33920</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAMBERS, WILLIAM</b> <b>6940 JULIE ANN CT</b> <b>FORT MYERS FL 33919</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SMITH, FRANK</b> <b>137 LAKESIDE CIRCLE</b> <b>NORTH FORT MYERS FL 33903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GILMORE, BEVERLY</b> <b>16731 JUANITA AVE</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tim Kil/Kenny T</b> <b>19225 MURCOTT DR. W</b> <b>FT. MYERS, FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JO CONNOLLY T</b> <b>25760 Impatiens Court</b> <b>Bonita Springs, FL 34135</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Helen Mundy S.</b>	<input type="checkbox"/> Change <input checked="" 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
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:

**SIGNATURE REQUIRED TREASURER**

**4-29-02**

**941-466 0807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)