

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90297 013 *****61.25

DOCUMENT # N00000002501

1. Entity Name

IRISH AMERICAN CLUB OF LEE COUNTY, INC.



Principal Place of Business

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

Mailing Address

POST OFFICE BOX 61015
FT. MYERS FL 33919

11019688



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

16731 Juanita Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

FL

4. FEI Number **65-1097848**

Applied For

Not Applicable

Zip

33908

Country

Lee

Zip

33908

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Thomas Connolly**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

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

TITLE **C** ☐ Delete
NAME **CONNOLLY, THOMAS**
STREET ADDRESS **3400 COLLEGE PKWY. #78A**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **T** ☐ Delete
NAME **GRIFFIN, LAURA**
STREET ADDRESS **1905 NE 3RD CT**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **T** ☒ Delete
NAME **NORTON, AUDREY**
STREET ADDRESS **1442 FORT DENAUS RD**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **T** ☐ Delete
NAME **CHAMBERS, WILLIAM** *change*
STREET ADDRESS **6940 JULIE ANN CT**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VP** ☒ Delete
NAME **SMITH, FRANK**
STREET ADDRESS **137 LAKESIDE CIRCLE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **President** ☐ Delete
NAME **GILMORE, BEVERLY** *change*
STREET ADDRESS **16731 JUANITA AVE**
CITY-ST-ZIP **FORT MYERS FL 33908**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **CATHERINE BRADY**
STREET ADDRESS **145 LAKESIDE CIRCLE**
CITY-ST-ZIP **NO FT MYERS, FL 33903**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **MARIE MAAS**
STREET ADDRESS **2401 ESTERO BLVD #506**
CITY-ST-ZIP **FT. MYERS BEACH, FL 33931**

TITLE **T** ☐ Change ☒ Addition
NAME **JOAN CROSS**
STREET ADDRESS **4514 SW 16th Ave #101**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **T** ☐ Change ☒ Addition
NAME **Josephine Connolly**
STREET ADDRESS **25760 Impatiens Court**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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**

4-22-03

CR2E037 (10/02)