

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N21691**

1. Entity Name

IRISH-AMERICAN CLUB OF CHARLOTTE COUNTY, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90091 047 ****61.25

0071312

Principal Place of Business

C/O PATRICK STACK
23202 MIDWAY BLVD.
PORT CHARLOTTE FL 33952

Mailing Address

C/O PATRICK STACK
23202 MIDWAY BLVD.
PORT CHARLOTTE FL 33952**00004904**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2818351

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

STACK, PATRICK
23202 MIDWAY BLVD.
PORT CHARLOTTE FL 33980

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:
FEI IS \$61.259. 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 ☐ Delete
NAME D
STREET ADDRESS STACK, PATRICK
CITY-ST-ZIP 23202 MIDWAY BLVD.
PORT CHARLOTTE FLTITLE ☐ Delete
NAME T
STREET ADDRESS PHILLIPS, EILEEN
CITY-ST-ZIP 18241 WOLBRETTE CIR.
PORT CHARLOTTE FLTITLE ☐ Delete
NAME D
STREET ADDRESS O'CONNELL, JOSEPH
CITY-ST-ZIP 3872-B TAMiami TRAIL
PORT CHARLOTTE FLTITLE ☒ Delete
NAME P
STREET ADDRESS REILLY, WILLIAM
CITY-ST-ZIP 22332 MIDWAY BLVD
PT CHARLOTTE FL 33952TITLE ☐ Delete
NAME D
STREET ADDRESS PHILLIPS, RICHARDS
CITY-ST-ZIP 18241 WOLBRETTE CIRCLE
PORT CHARLOTTE FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS McGinty, Francis A
CITY-ST-ZIP 6480 Center Lane
North Port, FL 34287TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)