

2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90133 027 ****61.25

DOCUMENT # N21691

1. Entity Name

IRISH-AMERICAN CLUB OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

C/O DOLORES FARRELL

3. Mailing Address

C/O DOLORES FARRELL

Suite, Apt. #, etc.

537 Chamber St.

Suite, Apt. #, etc.

537 Chamber St.

City & State

Pt Charlotte FL 33948

City & State

Pt Charlotte FL 33948

Zip
33948

Country
USA

Zip
33948

Country
USA

4. FEI Number

59-2818351

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

**STACK, PATRICK
 23202 MIDWAY BLVD.
 PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name **DOLORES FARRELL**

Street Address (P.O. Box Number is Not Acceptable)

537 Chamber St.

City **Pt Charlotte**

FL

Zip Code
33948

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

DOLORES FARRELL

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

(NOTE: Registered Agent signature required when reinstating)

3/8/02

DATE

6

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	D STACK, PATRICK 23202 MIDWAY BLVD. PORT CHARLOTTE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, EILEEN 18241 WOLBRETTE CIR. PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, JOSEPH 3872-B TAMiami TRAIL PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REILLY, WILLIAM 22332 MIDWAY BLVD PT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RICHARDS 18241 WOLBRETTE CIRCLE PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRELL, DOLORES 537 Chamber St Pt Charlotte FL 33948	<input checked="" 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:

DOLORES FARRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

941-629-3777

Daytime Phone #

CR2E037 (9/01)