

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

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90003 012 ****61.25

DOCUMENT # *N21691*

1. Entity Name
IRISH AMERICAN CLUB OF CHARLOTTE COUNTY INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 JOSEPH L. CURRIER PRES.

3. Mailing Address
23189 GOLDCOAST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PORT CHARLOTTE FL

Zip

Country

Zip
33980-1928

Country

4. FEI Number
59-2818351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

54057339

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOSEPH L. CURRIER

Street Address (P.O. Box Number is Not Acceptable)
23189 GOLDCOAST AVE

City *PORT CHARLOTTE* FL Zip Code *33980-1928*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 <i>P</i>	<i>PRESIDENT</i>
NAME	<i>JOSEPH L CURRIER</i>
STREET ADDRESS	<i>23189 GOLDCOAST AVE</i>
CITY-ST-ZIP	<i>PORT CHARLOTTE 33980-1928</i>
TITLE <i>T</i>	<i>TREASURER</i>
NAME	<i>MARIE CURRIER</i>
STREET ADDRESS	<i>23189 GOLDCOAST AVE</i>
CITY-ST-ZIP	<i>PORT CHARLOTTE FL 33980-1928</i>
TITLE <i>D</i>	<i>DIRECTOR</i>
NAME	<i>JOSEPH O'CONNELL</i>
STREET ADDRESS	<i>3572-B TAMiami TRAIL</i>
CITY-ST-ZIP	<i>PORT CHARLOTTE FL</i>
TITLE <i>VP</i>	<i>DENNIS M. CABE</i>
NAME	<i>9375 NEWMAN CIRCLE</i>
STREET ADDRESS	<i>PORT CHARLOTTE FL 33981</i>
CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph L Currier* **JOSEPH L CURRIER** 6-12-04 941-629-5140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)