

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90161 020 ****61.25

DOCUMENT # N21691

1. Entity Name

IRISH-AMERICAN CLUB OF CHARLOTTE COUNTY, INC.



Principal Place of Business

**C/O DOLORES FARRELL
537 CHAMBER ST
PORT CHARLOTTE FL 33948**

Mailing Address

**C/O DOLORES FARRELL
537 CHAMBER ST
PORT CHARLOTTE FL 33948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2818351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, DOLORES
537 CHAMBER ST
PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name

Joseph Currier

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

23189 Goldcoast Ave

Pt Charlotte, FL 33980

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-03

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	T	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, EILEEN	
STREET ADDRESS	18241 WOLBRETTE CIR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, JOSEPH	
STREET ADDRESS	3872-B TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, DOLORES	
STREET ADDRESS	537 CHAMBER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, RICHARDS	
STREET ADDRESS	18241 WOLBRETTE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Currier	
STREET ADDRESS	23189 Goldcoast Ave	
CITY-ST-ZIP	Pt Charlotte, FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Currier	
STREET ADDRESS	23189 Goldcoast Ave	
CITY-ST-ZIP	Pt Charlotte, FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3-1-03 941-629-5140

CR2E037 (10/02)