

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N38001**

1. Entity Name

IRISH AMERICAN CLUB OF NAPLES, INC.

Principal Place of Business

**256 BALTUSROL DRIVE
NAPLES FL 34113**

Mailing Address

**PO BOX 485
NAPLES FL 34112**

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

65-0191945

Applied For

Not Applicable

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

**WARD, MICHAEL F
256 BALTUSROL DR
NAPLES FL 34113**

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: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	MCCARTHY, JACK	
STREET ADDRESS	149 FOX DEN CIR	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	WARD, MICHAEL F	
STREET ADDRESS	256 BALTUSROL DR	
CITY-ST-ZIP	NAPLES FL 34113	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWERS, JOHN	
STREET ADDRESS	5250 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, NEAL	
STREET ADDRESS	4211 LOS ALTOS COURT	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	DEE, JOHN	
STREET ADDRESS	13124 BALD CYPRESS LANE	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input type="checkbox"/> Delete
NAME	GLEASON, MARIE	
STREET ADDRESS	4563 ASHTON COURT	
CITY-ST-ZIP	NAPLES FL 34112	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90204 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)