

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90863 001 \*\*\*\*61.25  
 04-24-2000 90863 002 \*\*\*\*8.75

**DOCUMENT # N38846**

1. Entity Name

**MID-FLORIDA IRISH CULTURAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

1518 WALDON CIR  
 PLM BAY FL 32905

1518 WALDON CIR  
 PLM BAY FL 32905

2. Principal Place of Business

**3354 DAVIS MACAULAY PL.**

3. Mailing Address

**3354 DAVIS MACAULAY PL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MELBOURNE, FL**

City & State

**MELBOURNE, FL**

4. FEI Number

**59-3020680**

Applied For

Not Applicable

Zip

**32904**

Country

**BREVARD**

Zip

**32904**

Country

**BREVARD**

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

**MORIARTY, PATRICK**  
**1518 WALDORF CIR NE**  
**PLM BAY FL 32905**

Name

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

**3354 DAVIS MACAULAY PLACE**

City

**MELBOURNE**

FL

Zip Code

**32934**

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

*Patrick Moriarty*

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

(NOTE: Registered Agent signature required when reinstating)

**4/17/00**

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
 AGNES, SHOVLIN  
 STREET ADDRESS **1692 AVERY RD**  
 CITY-ST-ZIP **PLM BAY FL 32905**

TITLE  Change  Addition  
 NAME **Dir**  
 AGNES SHOVLIN  
 STREET ADDRESS **3354 DAVIS MACAULAY PLACE**  
 CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE  Delete  
 NAME **D**  
 FRENCH, AGNES  
 STREET ADDRESS **301 SAND PINE ROAD**  
 CITY-ST-ZIP **INDIATLANTIC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 MORIARTY, PATRICK  
 STREET ADDRESS **WALDORF CIRCLE**  
 CITY-ST-ZIP **PALM BAY FL**

TITLE  Change  Addition  
 NAME **Dir**  
 MORIARTY, PATRICK  
 STREET ADDRESS **3354 DAVIS MACAULAY PLACE**  
 CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE  Delete  
 NAME **D**  
 MORIARTY, MAUREEN  
 STREET ADDRESS **WALDORF CIRCLE**  
 CITY-ST-ZIP **PALM BAY FL**

TITLE  Change  Addition  
 NAME **Dir**  
 MORIARTY, MAUREEN  
 STREET ADDRESS **3354 DAVIS MACAULAY PLACE**  
 CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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:

*Patrick Moriarty* **PATRICK J. MORIARTY**

Date

Daytime Phone #

**4/17/00 321-757-8406**

CR2E037 (9/99)