2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N45258 May 05, 2000 8:00 am **Secretary of State** IRISH AMERICAN CENTER, INC. 05-05-2000 90091 046 ****61.25 Principal Place of Business Mailing Address 401 N. 44TH AVENUE 401 N. 44TH AVENUE HOLLYWOOD FL 33021-6648 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0280019 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CURREN, JOHN 401 N. 44TH AVENUE HOLLYWOOD FL 33021 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) nted name of registered agent and title Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition **VPSO** ☐ Change ☐ Delete TITLE TITLE NAME DOWNS, JOHN NAME STREET ADDRESS STREET ADDRESS 1406 NE 15TH ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change TITLE ☐ Delete TITLE TD NAME CONNELLY, WILL NAME STREET ADDRESS STREET ADDRESS 1048 49TH TERR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL PNOLON, RORY 5490 SW 55 am Davie, fl Z change ☐ Addition Delete TITLE NAME NAME NOLAN, RORY STREET ADDRESS STREET ADDRESS 5490 SW 55 AVE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Addition TITLE Dolete TITLE CURREN, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 401 N 44 AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ddress, with all other like empowered

Daytime Phone #

Date