

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46704

1. Entity Name

ST. PATRICK'S G.A.A. FLORIDA, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90091 014 ****61.25

Principal Place of Business
6811 PARK ST
HOLLYWOOD FL 33024

Mailing Address
299 N.W. 11TH STREET
BOCA RATON FL 33432-2641
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0309831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HENDERSON, HARRY J
299 N.W. 11TH STREET
BOCA RATON FL 33432

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 \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MCKENNA, LIAM	435 N.W. 136TH STREET	N. MIAMI FL	<input type="checkbox"/>
D	BARRETT, JOHN	3326 QUAIL CLOSE	POMPANO BEACH FL	<input type="checkbox"/>
S	HYNES, MARTIN	2352 N.W. 39TH AVENUE	COCONUT CREEK FL	<input type="checkbox"/>
R	WALSH, NOEL	3330 N.E. 14TH AVENUE	POMPANO BEACH FL	<input type="checkbox"/>
D	HENDERSON, HARRY J	299 N.W. 11TH STREET	BOCA RATON FL	<input type="checkbox"/>
AS	BARRETT, JOHN	3326 QUAIL CLOSE	POMPANO BEACH FL	<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry J. Henderson
HARRY J. HENDERSON

4/10/2000

Daytime Phone #

561-368-8573

CR2E037 (9/99)