

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

DOCUMENT # **N46704**

1. Entity Name

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

Principal Place of Business

**6811 PARK ST
HOLLYWOOD FL 33024**

Mailing Address

**299 N.W. 11TH STREET
BOCA RATON FL 33432
US**

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 **65-0309831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 ☐ Delete
NAME **D MCKENNA, LIAM**
STREET ADDRESS **435 N.W. 138TH STREET**
CITY-ST-ZIP **N. MIAMI FL**

TITLE ☐ Delete
NAME **D BARRETT, JOHN**
STREET ADDRESS **3326 QUAIL CLOSE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
NAME **S HYNES, MARTIN**
STREET ADDRESS **2352 N.W. 39TH AVENUE**
CITY-ST-ZIP **COCOA CREEK FL**

TITLE ☐ Delete
NAME **R WALSH, NOEL**
STREET ADDRESS **3330 N.E. 14TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
NAME **D HENDERSON, HARRY J**
STREET ADDRESS **299 N.W. 11TH STREET**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME **AS BARRETT, JOHN**
STREET ADDRESS **3326 QUAIL CLOSE**
CITY-ST-ZIP **POMPANO BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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:

SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03

Date

561-367-7770

Daytime Phone #

03 JUL 16 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

33030848

06-09-03 60016 021 \$69.00



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