

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90075 001 ****61.25

DOCUMENT # N47498

1. Entity Name

THE EMERALD ISLE SOCIETY, INC.

Principal Place of Business

Mailing Address

**3081 O BRIEN DR
TALLAHASSEE FL 32308
US**

**PO BOX 10035
TALLAHASSEE FL 32302
US**

DU109500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3110527

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

**SHERIDAN, MICHAEL H
3081 O'BRIEN DR
TALLAHASSEE FL 32308**

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 **D** ☒ Delete
NAME **FITZGERALD, DENNIS**
STREET ADDRESS **791 RHODEN COVE RD.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Don McGovern**
STREET ADDRESS **1767 Hermitage Blvd Suite 3301**
CITY-ST-ZIP **Tallahassee FL 32312**

TITLE **D** ☐ Delete
NAME **MADDEN, JOHN**
STREET ADDRESS **1216 PIEDMONT DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Change ☒ Addition
NAME **Karen Cooley**
STREET ADDRESS **3960 Lake Bradford Rd**
CITY-ST-ZIP **Tallahassee FL 32310**

TITLE **D** ☒ Delete
NAME **SHERIDAN, GLORIA**
STREET ADDRESS **3491-11 THOMASVILLE RD., #171**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
NAME **Patrick McCaffrey**
STREET ADDRESS **113 E 3rd Ave**
CITY-ST-ZIP **Tallahassee FL 32303**

TITLE **D** ☐ Delete
NAME **SHERIDAN, MICHAEL H.**
STREET ADDRESS **3081 O'BRIEN DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
NAME **Dennis King**
STREET ADDRESS **6000 Ansel Fennell Rd**
CITY-ST-ZIP **Tallahassee FL 32309**

TITLE **D** ☐ Delete
NAME **MCMURRAY, AGNES**
STREET ADDRESS **RT. 7 BOX MLC-2**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Patrick Fowler**
STREET ADDRESS **3001 Tipperary Dr.**
CITY-ST-ZIP **Tallahassee FL 32308**

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:

Agnes Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date

Daytime Phone #

CR2E037 (9/01)