2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47498

Entity Name: THE EMERALD ISLE SOCIETY, INC.

FILED Apr 10, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3081 O BRIEN DR 112 EAST 3RD AVENUE TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 323033 US **Current Mailing Address: New Mailing Address:** PO BOX 10035 TALLAHASSEE, FL 32302 US FEI Number: 59-3110527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHERIDAN, MICHAEL H MCCAFFREY, PATRICK 112 EAST 3RD AVENUE 3081 O'BRIEN DR TALLAHASSEE, FL 32308 US US TALLAHASSEE, FL 32303 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 MCCAFFREY 04/10/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCGOVERN, DON Name: Name: 1767 HERMITAGE BLVD. SUITE 3301 Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition MADDEN, JOHN Name: Name: Address: 1216 PIEDMONT DR Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition COOLEY, KAREN Name: Name: 2960 LAKE BRADFORD ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHERIDAN, MICHAEL H., Name: 3081 O'BRIEN DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: Title: () Delete () Change () Addition MCMURRAY, AGNES Name: Name: RT. 7 BOX MLC-2 Address: Address: City-St-Zip: TALLAHASSEE, FL US City-St-Zip: Title: () Delete Title: () Change (X) Addition MCCAFFREY, PATRICK Name: Name: Address: Address: 112 EAST 3RD AVENUE TALLAHASSEE, FL 32303 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGNES R. MCMURRAY O/D 04/10/2003

BILL PICKRON, DIRECTOR 4457 LOUVINIA ROAD TALLAHASSEE, FL 32311

DIANE NAGLE, DIRECTOR 4457 LOUVINIA ROAD TALLAHASSEE, FL 32311