

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

02-06-2002 90047 039 ****61.25

DOCUMENT # N49001

1. Entity Name

THE IRISH EDUCATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6412 NW 128 STREET
 GAINESVILLE FL 32653
 US

6412 NW 128 STREET
 GAINESVILLE FL 32653
 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

59-3129979

Applied For

Not Applicable

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

SULLIVAN, EILEEN A.
6412 N.W 128 ST
GAINESVILLE FL 32653

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

After September 13, 2002,
min. will be \$236.25.

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 ☒ Delete
 NAME **D**
 STREET ADDRESS **SULLIVAN, PAUL**
 CITY-ST-ZIP **59 HOLLINGER AVE**
WAYNESBORO PA

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SULLIVAN, CHARLES**
 CITY-ST-ZIP **36 BENDON AVE**
OCEAN GROVE NJ

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

*P.O. Bx 326
 Ocean Gate N.J. 08740*

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **KNIPPER, JOSEPH**
 CITY-ST-ZIP **733-B MT VERNON ROAD**
JAMESBURG NJ

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SULLIVAN, CONRAD**
 CITY-ST-ZIP **101 FIRST ST**
HARRISON NY 10528-4616

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

deceased

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCGINN, BRIAN**
 CITY-ST-ZIP **7213 REBECCA DR**
ALEXANDRA VA

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

TITLE ☐ Delete
 NAME **EXECUTIVE DIRECTOR**
 STREET ADDRESS **Eileen A Sullivan**
 CITY-ST-ZIP **6412 NW 128 St**
Gville FL 32653

☐ Change ☐ Addition
 TITLE
 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: *SIGNATURE NEOL Sullivan*

7/22/02 (352) 332 3690

CR2E037 (4/02)