

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91807 005 ****61.25

DOCUMENT # N49001

1. Entity Name

THE IRISH EDUCATIONAL ASSOCIATION, INC.



Principal Place of Business

**6412 NW 128 STREET
GAINESVILLE FL 32653
US**

Mailing Address

**6412 NW 128 STREET
GAINESVILLE FL 32653
US**

2. Principal Place of Business



**Eileen A. Sullivan
6412 NW 128th St.
Gainesville, FL 32653**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

FLACHUA

4. FEI Number **59-3129979**

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

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

7. Name and Address of New Registered Agent

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

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 **D** ☐ Delete
NAME **SULLIVAN, CHARLES**
STREET ADDRESS **PO BOX 326**
CITY-ST-ZIP **OCEAN GATE NJ 08740**

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

TITLE **D** ☐ Delete
NAME **SULLIVAN, EILEEN A**
STREET ADDRESS **6412 NW 128 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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:

Sullivan **4/22/03** **332-3690**

CR2E037 (10/02)