

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90049 049 ****66.25

DOCUMENT # N93000002297

1. Entity Name

IRISH HERITAGE SOCIETY OF SW FLA, INC

Principal Place of Business

Mailing Address

P.O. BOX 150632
CAPE CORAL FL 33915
US

P.O. BOX 150632
CAPE CORAL FL 33915-0632
US

2. Principal Place of Business

3. Mailing Address

1415 DEAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

109

City & State

City & State

FT MYERS

Zip

Country

Zip

Country

33901

4. FEI Number

65-0405346

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

GILMORE, BEVERLY M
16731 JUANITA AVE
FT MEYERS FL 33908

MIKE BURKE
142 SE 17th AVE
CAPE CORAL
FL 33990

Name

MIKE BURKE

Street Address (P.O. Box Number is Not Acceptable)

142 SE 17th AVE
CAPE CORAL

City

FL 33990 FL

Zip Code 33990

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	T	<input checked="" type="checkbox"/> Delete
NAME	GALVIN, EILEEN	
STREET ADDRESS	30934 COUNTRY CLUB DR.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GILMORE, BEVERLY M	
STREET ADDRESS	16731 JUANITA AVE	
CITY-ST-ZIP	FT MEYERS FL 33908	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONNOLLY, JOSEPHINE	
STREET ADDRESS	25760 IMPATIENT CT	
CITY-ST-ZIP	BONITA SPGS FL 33923	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, WILLIAM	
STREET ADDRESS	6940 JULIE ANN CT	
CITY-ST-ZIP	FT MEYERS FL 33919	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KEARNS, PATRICK	
STREET ADDRESS	318 DOUBLOON DR	
CITY-ST-ZIP	FT MEYERS FL 33903	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, FRANF	
STREET ADDRESS	137 LAKESIDE DR	
CITY-ST-ZIP	N FT MEYERS FL 33903	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE BURKE	
STREET ADDRESS	142 SE 17th AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY MIKE	
STREET ADDRESS	15551 ROYAL COACH CIRCLE	
CITY-ST-ZIP	N FT MEYERS FL 33917	
TITLE	SEC. PHILLIPS, MAUREEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	731 SHARA CT.	
STREET ADDRESS	CAPE CORAL FL 33904	
TITLE	V.P. KEARNS, PATRICK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	318 DOUBLOON DR	
STREET ADDRESS	N. FT. MEYERS FL 33903	
TITLE	T NEILL, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1521 GRACE AVE	
STREET ADDRESS	FT MEYERS FL 33901	
TITLE	T BOYD, Peggy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2314 SE 8th	
STREET ADDRESS	CAPE CORAL FL 33990	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 12-00