

2001, UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002297**

1. Entity Name

IRISH HERITAGE SOCIETY OF SW FLA, INC**FILED****Apr 07, 2001 8:00 am**
Secretary of State

04-07-2001 90027 018 ****61.25

Principal Place of Business

16731 JUANITA AVE.
FT. MYERS FL 33908
US

Mailing Address

1415 DEAN STREET
#109
FORT MYERS FL 33901
US**00032583**

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

65-0405346

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

BURKE, MIKE
147 SE 1ST AVE.
CAPE CORAL FL 33990

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

Michael J. Burke presi.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*JAN 17 - 01***FILE NOW:**
FEE IS \$61.259. 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 **P** ☐ Delete
NAME **BURKE, MIKE**
STREET ADDRESS **142 SE. 1ST AVE.**
CITY-ST-ZIP **CAPE CORAL FL 33990**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **MURPHY, MIKE**
STREET ADDRESS **15551 ROYAL COACH CIR.**
CITY-ST-ZIP **FORT MYERS FL 33917**TITLE **TREASURER** ☒ Change ☒ Addition
NAME **KATHRYN L. FARRELL**
STREET ADDRESS **3477 SABAL SPRINGS BLVD.**
CITY-ST-ZIP **N. FORT MYERS, FL, 33917**TITLE **S** ☐ Delete
NAME **PHILLIPS, MAUREEN**
STREET ADDRESS **731 SHARA CT.**
CITY-ST-ZIP **CAPE CORAL FL 33904**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **VP** ☐ Delete
NAME **KEARNS, PATRICK**
STREET ADDRESS **318 DON BLOOM DR.**
CITY-ST-ZIP **FORT MYERS FL 33903**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **T** ☐ Delete
NAME **NEILL, JOHN**
STREET ADDRESS **1521 GRACE AVE.**
CITY-ST-ZIP **FORT MYERS FL 33901**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **T** ☐ Delete
NAME **BOYD, PEGGY**
STREET ADDRESS **2314 SE 8TH**
CITY-ST-ZIP **CAPE CORAL FL 33990**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Michael Joseph Burke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*MICHAEL JOSEPH BURKE* 941-458-4534
PRESIDENT MAR 7 - 01
Date Daytime Phone #

CR2E037 (10/00)