

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90030 007 ****61.25

DOCUMENT # N98000002489

1. Entity Name

THE EMERALD SOCIETY, INC.

Principal Place of Business

Mailing Address

**11098 BISCAYNE BLVD.,STE.205
MIAMI FL 33161**

**11098 BISCAYNE BLVD.,STE.205
MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES, FL

Zip

Country

Zip

Country

33134

4. FEI Number

65-0834589

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

**KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD.,STE.205
MIAMI FL 33161**

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	GREGORY, WILLIAM E	
STREET ADDRESS	2223 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MEYER, ROBERT C	
STREET ADDRESS	2223 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, CHRISTOPHER P	
STREET ADDRESS	11098 BISCAYNE BLVD.,STE.205	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUFFY, JOSEPH	
STREET ADDRESS	686 HERITAGE DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, DANIEL	
STREET ADDRESS	6251 SW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOHERTY, JOHN	
STREET ADDRESS	9810 SW 15TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM DUNN	
STREET ADDRESS	7504 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLY CAMERON	
STREET ADDRESS	7305 SW 123rd Terrace	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD COOKE	
STREET ADDRESS	2121 North Bayshore Dr. #419	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM J O'BRIEN JR	
STREET ADDRESS	6328 San Vicente St	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL FITZGERALD, Director 305-949-8400

Date

Daytime Phone #

CR2E037 (10/00)