

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90080 021 \*\*\*\*61.25

**DOCUMENT # N98000004550**

1. Entity Name

**IRISH HERITAGE CENTER, INC.**

Principal Place of Business

1106 NORTH 13TH COURT  
 HOLLYWOOD FL 33019

Mailing Address

P.O. BOX 220315  
 HOLLYWOOD FL 33022-0315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0869911**

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

**KROEHLER, FRAN**  
 1106 NORTH 13TH COURT  
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name **MAUREEN CARBERRY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**521 NW 93rd TERRACE**  
 City **PEMBROKE PINES FL** Zip Code **33024**

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

*Maureen Carberry*

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

NOTE: Registered Agent signature required when reinstating)

DATE

**2-14-2000**

**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	PD	<input type="checkbox"/> Delete
NAME	CARBERRY, MAUREEN	
STREET ADDRESS	521 NORTHWEST 93 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KROEHLER, FRAN	
STREET ADDRESS	1106 NORTH 13 COURT	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SULLIVAN, DOROTHY	
STREET ADDRESS	1007 NORTH 19 AVENUE #9	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PROVENCHER, CONNIE	
STREET ADDRESS	5051 SOUTHWEST 25 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, MILTON	
STREET ADDRESS	14820 NORTHEAST 8 COURT	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, MARGUERITE	
STREET ADDRESS	8617 SOUTHWEST 17 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARBERRY MAUREEN	
STREET ADDRESS	521 NW 93 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33024	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROEHLER, FRAN	
STREET ADDRESS	1106 N. 13 COURT	
CITY-ST-ZIP	HOLLYWOOD, FL. 33019	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, DOROTHY	
STREET ADDRESS	1007 N. 19 AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL. 33320	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENCHER, CONNIE	
STREET ADDRESS	5051 SW 25 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33312	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, TARA L.	
STREET ADDRESS	1830 W. OAK KNOLL CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MARGUERITE	
STREET ADDRESS	8617 SW 17 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324	

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:

*Maureen Carberry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-14-2000 954432-8292**

CR2E037 (9/99)