

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90038 003 \*\*\*\*61.25

**DOCUMENT # N98000004550**

1. Entity Name

**IRISH HERITAGE CENTER, INC.**

Principal Place of Business

Mailing Address

1106 NORTH 13TH COURT  
 HOLLYWOOD FL 33019

P.O. BOX 220315  
 HOLLYWOOD FL 33022-0315

C0035699



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

521 N.W. 93 TERRACE

P.O. - BOX 220315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES, FLORIDA

HOLLYWOOD, FLORIDA

4. FEI Number

65-0869911

Applied For

Not Applicable

Zip

Country

Zip

Country

33024

U.S.A.

33022

U.S.A.

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

MAUREEN  
 CARBERRY, MAUREEN  
 521 NW 93RD TERRACE  
 PEMBROKE PINES FL 33024

Name: PATRICK O'DEA  
 Street Address (P.O. Box Numbers Not Acceptable): 1775 SE 15 STREET APT-402  
 City: FORT LAUDERDALE  
 State: FL Zip Code: 33316

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: Patrick O'Dea, PRESIDENT

3-14-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<del>VP</del>	VICE PRESIDENT			<input type="checkbox"/>
	CARBERRY, MAUREEN	521 NORTHWEST 93 TERRACE	PEMBROKE PINES FL 33024	<input type="checkbox"/>
	VPD			<input checked="" type="checkbox"/>
	KROEHLER, FRAN	1106 NORTH 13 COURT	HOLLYWOOD FL 33019	<input checked="" type="checkbox"/>
	TD-			<input type="checkbox"/>
	SULLIVAN, DOROTHY	1007 NORTH 19 AVENUE #9	HOLLYWOOD FL 33020	<input type="checkbox"/>
	SD			<input checked="" type="checkbox"/>
	PROVENCER, CONNIE	5051 SOUTHWEST 25 AVENUE	FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/>
	<del>RS</del>			<input type="checkbox"/>
	RECORDING SECRETARY			<input type="checkbox"/>
	RODRIGUEZ, TARA L	1830 W. OAK KNOLL CIRCLE	FORT LAUDERDALE FL 33324	<input type="checkbox"/>
	D			<input checked="" type="checkbox"/>
	ANDERSON, MARGUERITE	8617 SOUTHWEST 17 ST	FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		SEE ATTACHED SHEET		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Patrick O'Dea  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01

Date

784.522-4948

Daytime Phone #

Attachment <sup>OFFICERS</sup> Doc# <sup>4-DIRECTORS</sup> N980000004550

1. PRESIDENT

GIDEA, PATRICK  
1777 S.E. 15 STREET APT-402  
FT. LAUD., FL. 33316

C0035699

2. VICE-PRESIDENT

CAR BERRY, MAUREEN  
521 N.W. 93 TERRACE  
PEMBROKE PINES, FL. 33024

3. TREASURER

~~SULLIVAN, DOROTHY A.  
1007 NORTH 19 AVE APT-9  
HOLLYWOOD, FL. 33020~~

4. RECORDING SECRETARY

RODRIGUEZ, TARA  
1830 WEST OAK KNOLL CIRCLE  
FT. LAUDERDALE, FL. 33324

5. CORRESPONDING SECRETARY

TERMINELLO, MARY  
1060 JOHNSON STREET  
HOLLYWOOD, FL. 33019

6. DIRECTOR

~~JOYCE, MARY  
1622 PLUNKETT STREET  
HOLLYWOOD, FL. 33020~~

9. DIRECTOR

~~WILSON, MILTON  
14820 N.E. 8 COURT  
NORTH MIAMI, FL. 33161~~

7. DIRECTOR

HANNOVER, CLANCY, REGINA  
314 S.E. 10 STREET APT-101 BLDG-8  
DANIA BEACH, FL. 33004

8. DIRECTOR

CORE, MARY  
211 N.E. 8 AVE APT-402  
HALLANDALE BEACH, FL. 33009