

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90122 013 \*\*\*\*61.25

**DOCUMENT # N98000004550**

1. Entity Name

**IRISH HERITAGE CENTER, INC.**

Principal Place of Business

Mailing Address

**521 NW 93 TR  
 PEMBROKE PINES FL 33024**

**P.O. BOX 220315  
 HOLLYWOOD FL 33022-0315**

2. Principal Place of Business

**521 NW 93 TERRACE**

3. Mailing Address

**P.O. BOX - 220315**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FLORIDA**

City & State

**HOLLYWOOD, FLORIDA**

4. FEI Number

**65-0869911**

Applied For

Not Applicable

Zip

Country

**33024**

**U.S.A.**

Zip

Country

**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

**ODEA, PATRICK  
 1777 SE 15 ST A402  
 FORT LAUDERDALE FL 33316**

Name **PATRICK O'DEA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1777 SE 15 STREET APT-402**  
 City **FORT LAUDERDALE** 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

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

(NOTE: Registered Agent signature required when reinstating)

**01/30/2002**

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	<b>VP</b> <b>CARBERRY, MAUREEN</b> <b>521 NORTHWEST 93 TERRACE</b> <b>PEMBROKE PINES FL 33024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ODEA, PATRICK</b> <b>1777 SE 15 ST A402</b> <b>FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SULLIVAN, DOROTHY</b> <b>1007 NORTH 19 AVENUE #9</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOYCE, MARY</b> <b>1622 PLUNKETT ST</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, TARA L</b> <b>1830 W. OAK KNOLL CIRCLE</b> <b>FORT LAUDERDALE FL 33324</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILSON, MILTON</b> <b>14820 NE 8 CT</b> <b>MIAMI FL 33161</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>O'DEA, PATRICK</b> <b>177 SE 15 ST #402</b> <b>FT. LAUD. FL. 33316</b> <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TERMINELLO, MARY</b> <b>1060 JOHNSON STREET</b> <b>HOLLYWOOD, FL. 33019</b> <b>RECORDING SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**PATRICK O'DEA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/30/2002 954-522-4948**

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
Document # B0031538  
N98000004550

1 PRESIDENT OFFICER

O'DEA, PATRICK  
1777 SE 15 STREET #402  
FT. LAUDERDALE, FL. 33316

2 VICE PRESIDENT OFFICER

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

3 TREASURER OFFICER

SULLIVAN, DOROTHY A.  
1007 NORTH 19 AVE #9  
HOLLYWOOD, FL. 33020

4 RECORDING SECRETARY OFFICER

TERMINELLO, MARY HURLEY  
1060 JOHNSON STREET  
HOLLYWOOD, FL. 33019

5 CORRESPONDING SECRETARY OFFICER

JOYCE, MARY  
1622 PLUNKETT STREET  
HOLLYWOOD, FL. 33020

6 DIRECTOR

CARRIGAN, ANN  
1527 VERACRUZ LANE  
WESTON, FL. 33327

7. DIRECTOR

HANNOVER, REGINA CLANCY  
314 SE 10 STREET #101-BLDG-8  
DANIA BEACH, FL. 33004

8 DIRECTOR

NAGLE, JOHN  
3300 NE 36 STREET #419  
FT. LAUDERDALE, FL. 33308

9 DIRECTOR

WILSON, MILTON  
14820 NE 8 COURT  
NORTH MIAMI, FL. 33161