

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FP

FILED

03 SEP 25 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P97000047580

1. Entity Name
ROONEY'S IRISH PUBS, INC.



Principal Place of Business
1111 N. CONGRESS AVENUE
WEST PALM BEACH FL 33409
US

Mailing Address
222 LAKEVIEW AVENUE
SUITE 1400
W PALM BEACH FL 33401-6149

2. Principal Place of Business

3. Mailing Address
1111 N. Congress Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
West Palm Beach, FL

4. FEI Number 59-2469695

Applied For
Not Applicable

Zip

Country

Zip
33409

Country
USA

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

CFRA, LLC.
1 HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602-5730

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MEIS, THERESA R
32 BRIAR ROAD
STRAFFORD PA 19087

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300023451863
09/30/03--01049--022 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROONEY, JOSEPH A
2201 SOUTH OLIVE AVE.
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROONEY, JOSEPH A.
1111 N. Congress Ave
West Palm Beach, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
ROONEY, PATRICK JR
6659 AUDUBON TRACE WEST
WEST PALM BEACH FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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: S. Patrick Rooney (Patrick Rooney) 7-16-03 561-683-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)