

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068274

1. Entity Name

Gaelic Pub Development, Inc.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90160 020 ***150.00

Principal Place of Business

Mailing Address

108 S.E. 8TH AVENUE - SUITE 114
 NEW HARBOR FINANCIAL CORPORATION CENTER
 FORT LAUDERDALE FL 33301

108 S.E. 8TH AVENUE - SUITE 114
 NEW HARBOR FINANCIAL CORPORATION CENTER
 FORT LAUDERDALE FL 33301-2023

2. Principal Place of Business

18 S. Ft. Lauderdale Beach Blvd

3. Mailing Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL Lauderdale

City & State

FL Lauderdale

Zip

33315

Country

Zip

Country

4. FEI Number

65-0871353

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

ERSEK, GREGORY J ESQ
 17820 N.W. 18TH AVENUE
 MIAMI FL 33056

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME CRAIG, ALAN D
 STREET ADDRESS 812 S.W. 2ND COURT
 CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME COOKE, EUGENE
 STREET ADDRESS 108 S.E. 8TH AVENUE - SUITE 114
 CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)