

2000 UNIFORM BUSINESS REPORT (UBR)

2/15/00-90024-011-\$158.75-\$158.75

DOCUMENT # S27586

1. Entity Name

EMERALD ISLE REALTY, INC.

FILED

00 MAR -8 PM 2:30

Principal Place of Business

Mailing Address

5900 NE 17TH RD
FT. LAUDERDALE FL 33334
US

5900 NE 17TH RD
FT. LAUDERDALE FL 33334-5937
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0253852

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

O'CONNER, ELAINE
5900 N E 17TH ROAD
FT LAUDERDALE FL 33334

Name BRENDAN O'CONNOR
Street Address (P.O. Box Number is Not Acceptable)
5900 N.E. 17TH ROAD
City FT. LAUDERDALE FL 33334

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

Brendan O'Connor
Signature, typed or printed name of registered agent and title if applicable.

MAR 6, 2000
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D O</u> <u>O'CONNOR, ELAINE</u> <u>5900 NE 17TH DR</u> <u>FT LAUDERDALE FL</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>O'CONNER, BRAIN</u> <u>5900 NE 17TH RD</u> <u>FT LAUDERDALE FL</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>BRENDAN O'CONNOR</u> <u>5900 N.E. 17TH ROAD</u> <u>FT. LAUDERDALE FL</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ELAINE O'CONNOR</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DELETE</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>BRENDAN O'CONNOR</u> <u>5900 N.E. 17TH ROAD</u> <u>FT. LAUDERDALE FL</u>	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

BRENDAN O'CONNOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 (954) 491-5119
Date Daytime Phone #

CR2E034 (9/99)