

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740444

1. Entity Name

MANFRED MEMORIAL FOUNDATION, INC.

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

04-24-2000 90162 036 ****61.25

Principal Place of Business

17300 S.W. 177 AVENUE
MIAMI FL 33187

Mailing Address

15550 N MIA AVE
MIAMI FL 33169
US

2. Principal Place of Business

3. Mailing Address

9631 IRENE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

4. FEI Number

59-2089153

Applied For

Not Applicable

Zip

Country

Zip
33157-0733

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

GILBERT, DAVID S
15550 N MIA AVE
MIAMI FL 33169

Name DAVID V. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
9631 IRENE DRIVE

City MIAMI

FL

Zip Code
33157-8733

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

David V. Williams

DAVID V. WILLIAMS VICE PRESIDENT
TREASURER

4/17/00

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	PD DAVID, GILBERT S. 15550 NO. MIA AVE MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELSEY, GEORGE W. JR. 14641 S.W. 66 AVE. MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMPERS, GAYE DR. 11309 SW 167 TERRACE MIAMI FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMPERS, DANI 826 NW 81 TERR PLANTATION FL 33324	<input checked="" 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	PD GOMPERS, DR. GAYE 11309 SW 167 TERRACE MIAMI FL 33157-2736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT-D WILLIAMS, DAVID V. 9631 IRENE DR MIAMI FL 33157-0733	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCIVER, DON 19441 SW 307 ST. HOMESTEAD FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANZELMO, PHILLIP 9925 MONTEGO BAY DR MIAMI FL 33189	<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

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:

DAVID V. WILLIAMS VICE PRESIDENT
TREASURER

4/17/00 (305)379-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)