

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740444

1. Entity Name

MANFRED MEMORIAL FOUNDATION, INC.

Principal Place of Business

17300 S.W. 177 AVENUE
MIAMI FL 33187

Mailing Address

9631 IRENE DR
MIAMI FL 33157-8733
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID V
9631 IRENE DR
MIAMI FL 33157-8733

7. Name and Address of New Registered Agent

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

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

TITLE VTD ☐ Delete
NAME WILLIAMS, DAVID V
STREET ADDRESS 9631 IRENE DR
CITY-ST-ZIP MIAMI FL 33157-8733

TITLE SD ☐ Delete
NAME MCIVER, DON
STREET ADDRESS 19441 SW 307 ST
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE PD ☐ Delete
NAME GOMPERS, GAYE DR.
STREET ADDRESS 11309 SW 167 TERRACE
CITY-ST-ZIP MIAMI FL 33157-2736

TITLE D ☐ Delete
NAME ANZELMO, PHILLIP
STREET ADDRESS 9925 MONTEGO BAY DR
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME WILLIAMS, DAVID V.
STREET ADDRESS 9631 IRENE DR.
CITY-ST-ZIP MIAMI FL 33157-8733

TITLE STD ☒ Change ☐ Addition
NAME MCIVER, DON
STREET ADDRESS 19441 SW 307 ST.
CITY-ST-ZIP HOMESTEAD FL 33030

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: *Signature Required*

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90405 033 ****61.25

00004693



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2089153 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)

4/13/01 305-238-0705