

# 2004 NO 1-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92 00000891

1. Entity Name

VETERANS OF FOREIGN WARS LIBERTY POST NUMBER 110  
55, INC.



Principal Place of Business

2700 SW 3RD AVE  
1A  
MIAMI FL 33129  
US

Mailing Address

2700 SW 3RD AVE  
1A  
MIAMI FL 33129  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0364522

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

WILLIAMS, ULYSEE JR  
1898 NW 58 ST  
MIAMI FL 33142

Name ULYSEE WILLIAMS

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.  
Signature: Ulysee Williams Jr

(NOTE: Registered Agent signature required when reinstating)  
Signature: Ulysee Williams Jr

6 SEPT 2007

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	WILLIAMS, ULYSEE	
STREET ADDRESS	PO BOX 470194	
CITY-ST-ZIP	MIAMI FL 33247-0194	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MANNING, NATHANIEL	
STREET ADDRESS	8425 NW 32ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	QMD	<input type="checkbox"/> Delete
NAME	WARD, EDDIE	
STREET ADDRESS	3241 NW 49TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, AMOS	
STREET ADDRESS	2620 NW 82ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAUGHLIN, RUBBIE	
STREET ADDRESS	19841 N.E. MIAMI CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	HEYLGER, LAWRENCE	
STREET ADDRESS	671 NW 199 ST	
CITY-ST-ZIP	MIAMI FL 33247	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300041606583	
CITY-ST-ZIP	10/05/04--01045--004 **70.00	
TITLE	JR. VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS CHEROY	
STREET ADDRESS	15301 N.W 28th PL.	
CITY-ST-ZIP	DPA LOCKA FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and typed or printed name of signing officer or director  
Signature: Ulysee Williams Jr

6 SEPT 2007 786318-1134

Date

Daytime Phone #

CR2E037 (10/02)

FILED

04 NOV 10 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES