

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90137 046 \*\*\*\*61.25

**DOCUMENT # N92000000891**

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

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.

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete  
NAME **WILLIAMS, ULYSEE**  
STREET ADDRESS **PO BOX 470194**  
CITY-ST-ZIP **MIAMI FL 33247-0194**

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

TITLE **CD** ☒ Delete  
NAME **MANNING, NATHANIEL**  
STREET ADDRESS **8425 NW 32ND CT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **JR. VICE COMMANDER** ☒ Change ☐ Addition  
NAME **HOLLIS CHERRY**  
STREET ADDRESS **15301 N.W. 28th PL.**  
CITY-ST-ZIP **OPA LOCKA FL.**

TITLE **QMD** ☐ Delete  
NAME **WARD, EDDIE**  
STREET ADDRESS **3241 NW 49TH ST**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **T** ☐ Delete  
NAME **BROWN, AMOS**  
STREET ADDRESS **2620 NW 82ND ST**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **T** ☐ Delete  
NAME **LAUGHLIN, RUBBIE**  
STREET ADDRESS **19841 N.E. MIAMI CT.**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **C** ☐ Delete  
NAME **HEYLGER, LAWRENCE**  
STREET ADDRESS **671 NW 199 ST**  
CITY-ST-ZIP **MIAMI FL 33247**

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 of Eddie L. Ward*

**05-06-03 305-634-3223**

CR2E037 (10/02)