

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

004048

DOCUMENT # N01000006010

1. Entity Name

WUNSCH FAMILY FOUNDATION, INC.

04-02-2002 90902 016 ****61.25

Principal Place of Business

Mailing Address

**5928 SEABIRD DRIVE
 GULFPORT FL 33787**

**5928 SEABIRD DRIVE
 GULFPORT FL 33787**

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

59-3747016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WUNSCH, GERALD JR.
 5928 SEABIRD DRIVE
 GULFPORT FL 33707**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **WUNSCH, GERALD JR.**
 STREET ADDRESS **5928 SEABIRD DRIVE**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **D** ☐ Change ☒ Addition
 NAME **Barbara Commesso**
 STREET ADDRESS **10 Woodlake Court**
 CITY-ST-ZIP **Oldsmar, Florida 34677**

TITLE **VD** ☐ Delete
 NAME **WUNSCH, MELISSA S R.N.**
 STREET ADDRESS **5928 SEABIRD DRIVE**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **D** ☐ Change ☒ Addition
 NAME **Claudia Quintana**
 STREET ADDRESS **2802 Northpoint Ln**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE **TD** ☐ Delete
 NAME **THOMPSON, GREGORY J**
 STREET ADDRESS **9120 WEST LOOMIS ROAD #100**
 CITY-ST-ZIP **FRANKLIN WI 53132**

TITLE **D** ☐ Change ☒ Addition
 NAME **Kc Quintana**
 STREET ADDRESS **2802 Northpoint Ln**
 CITY-ST-ZIP **Tampa, Florida 33611**

TITLE **S** ☐ Delete
 NAME **DULUS, GREG ESQ.**
 STREET ADDRESS **5928 SEABIRD DRIVE**
 CITY-ST-ZIP **GULFPORT FL 33787**

TITLE **D** ☐ Change ☒ Addition
 NAME **Mary Ann Magglio**
 STREET ADDRESS **4401 West Cypress Street**
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Craig Williams**
 STREET ADDRESS **5250 West Tyson Avenue**
 CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Delete
 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

3-22-02 813-366-1147

CR2E037 (9/01)