

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90058 003 ****61.25

DOCUMENT # N01000006010

1. Entity Name

WUNSCH FAMILY FOUNDATION, INC.



Principal Place of Business

**5928 SEABIRD DRIVE
GULFPORT FL 33787**

Mailing Address

**5928 SEABIRD DRIVE
GULFPORT FL 33787**

2. Principal Place of Business

Wunsch Family Foundation
Suite, Apt. #, etc.

3. Mailing Address

4901 West Cypress Street
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number **59-3747016**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. 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

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

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

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

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

TITLE **D** ☐ Delete
NAME **COMMESSO, BARBARA**
STREET ADDRESS **10 WOODLAKE COURT**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☒ Delete
NAME **QUINTANA, CLAUDIA**
STREET ADDRESS **2802 NORTHPOINT LN**
CITY-ST-ZIP **TAMPA FL 33611**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Mary Ann Massolio**
STREET ADDRESS **4901 West Cypress Street**
CITY-ST-ZIP **Tampa, FL 33607**

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

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

CR2E037 (10/02)