

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005316

1. Entity Name

THE WILSON FAMILY FOUNDATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90013 006 ****70.00

Principal Place of Business

4205 57TH CT
 VERO BEACH FL 32967

Mailing Address

4205 57TH CT
 VERO BEACH FL 32967-1655

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

65-0886809

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

MCKINNON, MICHAEL J JR.
 1107 DELAWARE AVE
 FORT PIERCE FL 34950

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 DANIELS, CALVIN
 STREET ADDRESS 1549 N OLD RIVER RD
 CITY-ST-ZIP PAMPLICO SC 29583

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

TITLE VD ☐ Delete
 NAME WILSON, ANDREW
 STREET ADDRESS 130-11 161ST STREET
 CITY-ST-ZIP JAMACIA NY

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

TITLE PD ☐ Delete
 NAME WILSON, LEONARD A
 STREET ADDRESS 4205 57TH CT
 CITY-ST-ZIP VERO BEACH FL 32937

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

TITLE SD ☐ Delete
 NAME JONES, ANNIE L
 STREET ADDRESS 1202 E CARDEZA ST
 CITY-ST-ZIP PHILADELPHIA PA 19119

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

TITLE D ☐ Delete
 NAME DANIELS, BOBBY
 STREET ADDRESS 203 BROOK PINE DR
 CITY-ST-ZIP GREENSBORO NC 27406

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

(561)562-4023

Date

Daytime Phone #

CR2E037 (9/99)