

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005316

1. Entity Name

THE WILSON FAMILY FOUNDATION, INC.

**FILED**  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 90728 043 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4205 57TH CT  
VERO BEACH FL 32967

4205 57TH CT  
VERO BEACH FL 32967

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 ☒

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNON, MICHAEL J JR.  
911 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 PAMPICO SC 29583

TITLE TD ☐ Change ☒ Addition  
NAME COLEMAN, MICHELLE  
STREET ADDRESS 5426 WYNDALE AVE  
CITY-ST-ZIP PHILA PA 19131

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 40 ABBOTSFORD AVE  
STREET ADDRESS WEST ABBOTSFORD CT  
CITY-ST-ZIP 06110

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) Daniels* RECALLED Daniels

2-28-02

(843) 493-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)