

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 395666

1. Entity Name

HESS MANAGEMENT, INC.

Principal Place of Business

6558 DOG TRACK  
EBRO FL 32437  
US

Mailing Address

6558 DOG TRACK  
EBRO FL 32437-1142  
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

59-1396866

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

HESS, STOCKTON R  
6512 DOG TRACK RD.  
EBRO FL 32437

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete  
NAME HESS, HARRY L.  
STREET ADDRESS 10102 WOODSING WAY  
CITY-ST-ZIP TAMPA FL

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

TITLE ATD ☐ Delete  
NAME HESS, ROBERT  
STREET ADDRESS 10102 WOODSING WAY  
CITY-ST-ZIP TAMPA FL 33618

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

TITLE TD ☐ Delete  
NAME HESS, MARGARET G.  
STREET ADDRESS 10102 WOODSONG WAY  
CITY-ST-ZIP TAMPA FL 33618

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

TITLE VD ☐ Delete  
NAME STEVENS, CRAIG  
STREET ADDRESS HWY. 79 AND HWY. 20  
CITY-ST-ZIP EBRO FL

TITLE ☒ Change ☐ Addition  
NAME VPD  
STREET ADDRESS Stevens, Craig  
CITY-ST-ZIP 3181 Crystal Lake Dr.  
Chipley, FL 32428

TITLE PD ☐ Delete  
NAME HESS, STOCKTON R  
STREET ADDRESS 6512 DOG TRACK RD.  
CITY-ST-ZIP EBRO FL 32437

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 850-234-3943

CR2E034 (9/99)