

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730912

1. Entity Name

THE EVERETT AND ALICE HESS FAMILY FUND, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90067 011 ****61.25

Principal Place of Business

Mailing Address

4420 RAINIER AVE
302
SAN DIEGO CA 92120
US

4420 RAINIER AVE
302
SAN DIEGO CA 92108-4037
US

2. Principal Place of Business

3. Mailing Address

3505 Camino del Rio South
Suite, Apt. #, etc. 240

Same
Suite, Apt. #, etc.

City & State

City & State

San Diego CA

Zip 92108

Country San Diego

Zip

Country

4. FEI Number

23-7396909

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

YANNO, ROBERT
4220 UNIVERSITY DR
CORAL GABLES FL 33146

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 SDT
NAME HESS, LAWRENCE
STREET ADDRESS 6309 CYPRESS POINT RD
CITY-ST-ZIP SAN DIEGO, CAL 00000 ☐ Delete

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

TITLE VD
NAME HESS, ROGER
STREET ADDRESS 11000 HUNTOVER DR.
CITY-ST-ZIP ROCKVILLE MD ☐ Delete

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

TITLE PD
NAME HESS, PHILIP
STREET ADDRESS 6035 WINTERTHUR
CITY-ST-ZIP ATLANTA GA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Lawrence E. Hess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

619-563-0044

Daytime Phone #