

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 730912**

1. Entity Name

THE EVERETT AND ALICE HESS FAMILY FUND, INC.**FILED**
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90024 048 ****61.25

Principal Place of Business

**3505 CAMINO DEL RIO SOUTH
240
SAN DIEGO CA 92108
US**

Mailing Address

**3505 CAMINO DEL RIO SOUTH
240
SAN DIEGO CA 92108
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

23-7396909

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

**YANNO, ROBERT
4220 UNIVERSITY DR
CORAL GABLES FL 33146**

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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	HESS, LAWRENCE	
STREET ADDRESS	6309 CYPRESS POINT RD	
CITY-ST-ZIP	SAN DIEGO, CAL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	HESS, ROGER	
STREET ADDRESS	11000 HUNTOVER DR.	
CITY-ST-ZIP	ROCKVILLE MD	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	HESS, PHILIP	
STREET ADDRESS	6035 WINTERTHUR	
CITY-ST-ZIP	ATLANTA GA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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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: *Lawrence E. Hess*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE E. HESS

Date

1/7/02

Daytime Phone #

619-563-0044

CR2E037 (9/01)