

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F96000001641

1. Entity Name

HSI I, Inc.

Principal Place of Business

12730 High Bluff Dr. #250  
San Diego, CA 92130

Mailing Address

12730 High Bluff Dr. #250  
San Diego, CA 92130

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

33-0667325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

John Barrier  
3075 North Rocky Point Dr.  
Tampa FL 33607

7. Name and Address of New Registered Agent

Name

David Marinich

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

3075 North Rocky Point Drive

City

Tampa

FL

Zip Code  
33607

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

*David Marinich*

David Marinich

4/25/00

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	Hardage, Samuel A.	
STREET ADDRESS	12730 High Bluff DR. #250	
CITY-ST-ZIP	San Diego, CA 92130	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Farrell, Tana J.	
STREET ADDRESS	12730 High Bluff Dr. #250	
CITY-ST-ZIP	San Diego, CA 92130	
TITLE	S	<input type="checkbox"/> Delete
NAME	Farrell, Thomas D.	
STREET ADDRESS	12730 High Bluff Dr. #250	
CITY-ST-ZIP	San Diego, CA 92130	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Lake, Edward M.	
STREET ADDRESS	12730 High Bluff Dr. #250	
CITY-ST-ZIP	San Diego, CA 92130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grossbard, Lee	
STREET ADDRESS	12730 High Bluff Dr. #250	
CITY-ST-ZIP	San Diego, CA 92130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoover, Ted	
STREET ADDRESS	12730 High Bluff Dr. #250	
CITY-ST-ZIP	San Diego, CA 92130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Thomas D. Farrell, Secretary

4/21/2000 (858) 794-2338

Date

Daytime Phone #

CR2E034 (9/99)