

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005492

1. Entity Name

HISPANIC SCHOLARSHIP FUND, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90101 044 ****70.00

Principal Place of Business

Mailing Address

ONE SANSOME STREET
SUITE 1000
SAN FRANCISCO CA 94104

ONE SANSOME STREET
SUITE 1000
SAN FRANCISCO CA 94104-4429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1051044

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 **DS** ☐ Delete
NAME **WEST, DOUGLAS M**
STREET ADDRESS **19001 S. WESTERN AVE, MAIL DROP A301**
CITY-ST-ZIP **TORRANCE CA 90509**

TITLE **VP** ☐ Change ☒ Addition
NAME **Needles, Dale**
STREET ADDRESS **1650 Jackson St., #304**
CITY-ST-ZIP **San Francisco, CA 94109**

TITLE **D** ☐ Delete
NAME **OSTERGARD, PAUL**
STREET ADDRESS **850 THIRD AVENUE, 13TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10043**

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **140 East 45th St., 3rd Fl.**
CITY-ST-ZIP **New York, NY 10017**

TITLE **DP** ☐ Delete
NAME **TUCKER, SARA M**
STREET ADDRESS **560 SPRUCE ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94118**

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

TITLE **DC** ☐ Delete
NAME **RANGEL, JESUS**
STREET ADDRESS **37 HILLVALE DR.**
CITY-ST-ZIP **CLAYTON MO 63105**

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

TITLE **DT** ☐ Delete
NAME **GAITAN, JOSE**
STREET ADDRESS **1420 FIFTH AVENUE, #3500**
CITY-ST-ZIP **SEATTLE WA 98101**

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **3131 Elliott Ave., Suite 700**
CITY-ST-ZIP **Seattle, WA 98121**

TITLE **DVC** ☐ Delete
NAME **BESERRA**
STREET ADDRESS **115 NEWBRIDGE TRACE**
CITY-ST-ZIP **ATLANTA GA 30319**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

Needles, Vice President 4/1/00 (415) 445-993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

HISPANIC SCHOLARSHIP FUND

Board of Directors

Attachment
#F960000549
A0045995

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* Executive Committee
Revised 3/15/2000