

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90186 002 \*\*\*\*\*70.00

**DOCUMENT # F96000005492**

1. Entity Name

**HISPANIC SCHOLARSHIP FUND, INC.**



Principal Place of Business

**55 SECOND STREET  
STE 1500  
SAN FRANCISCO CA 94105**

Mailing Address

**55 SECOND STREET  
STE 1500  
SAN FRANCISCO CA 94105**

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 **52-1051044**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CD CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324~~

Name **NRAI Services, Inc.**

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

**526 E. Park Avenue**

City **Tallahassee**

**FL**

Zip Code **32301**

A copy of the registered agent change confirmation letter from Fla Depart. of State is attached.

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
NAME **ESTRADA, IVELISSE R**  
STREET ADDRESS **6701 CTR DR W 15TH FLR**  
CITY-ST-ZIP **LOS ANGELES CA 90045**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Frank D. Alvarez**  
STREET ADDRESS **TMC HealthCare**  
CITY-ST-ZIP **5301 East Grant Road**

TITLE **DVC** ☐ Delete  
NAME **FOYO, GEORGE W**  
STREET ADDRESS **2400 E COMMERCIAL BLVD 10TH FLR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **Tucson, AZ 85712** ☐ Change ☐ Addition

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

TITLE **DC** ☐ Change ☒ Addition  
NAME **Dr. Roger Benjamin**  
STREET ADDRESS **Council for Aid to Education**  
CITY-ST-ZIP **215 Lexington Ave, 21st Floor**

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

TITLE **New York, NY 10016-6023** ☐ Change ☐ Addition

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

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

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**  
**PAUL KNUDSEN**  
**Interim VP of Development** 4-24-03 415-808-2312

CR2E037 (10/02)