

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000001964

1. Entity Name

Justin Hess Scholarship Foundation, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Alvarez & Page, P.A.

Suite, Apt. #, etc.

311 Centre Street

City & State

Fernandina Beach, FL

Zip

32035-1130

Country

USA

3. Mailing Address

P.O. Box 1130

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32035-1130

Country

USA

4. FEI Number

59-3443220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

02 SEP 24 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100008020081--8

-09/25/02--01061--023

\*\*\*\*\*61.25 \*\*\*\*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Alexia Alvarez

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

311 Centre Street

City

Fernandina Beach

FL

Zip Code

32035

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE	President
NAME	L. Hanko Rosenblad (D)
STREET ADDRESS	1454 Glenwood Rd.
CITY-ST-ZIP	Yulee, FL 32097
TITLE	Vice President
NAME	Eugenia Rivera (D)
STREET ADDRESS	827 Ocean Avenue
CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	Secretary
NAME	Gary Marlow (D)
STREET ADDRESS	2054 Village Lane
CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	Treasurer
NAME	Nancy Marlow (T)
STREET ADDRESS	2054 Village Lane
CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy J. Marlow NANCY J. MARLOW

09/09/02 (904) 277-0074