

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90009 016 ****61.25

DOCUMENT # N97000001964

1. Entity Name

JUSTIN HESS SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2260 PIRATES BAY DRIVE
 FERNANDINA BEACH FL 32034**

**2260 PIRATES BAY DRIVE
 FERNANDINA BEACH FL 32034-7967**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3443220

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, ALEXA
 308 1/2 CENTRE STREET
 FERNANDINA BEACH FL 32034**

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 **PD** Delete
 NAME **HESS, LOUIS H JR**
 STREET ADDRESS **2260 PIRATES BAY DRIVE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **MACKOWSKI, LORI**
 STREET ADDRESS **2405 PIRATES BAY DRIVE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HESS, MARGARET**
 STREET ADDRESS **2260 PIRATES BAY DRIVE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **FRENCH, BEVERLY**
 STREET ADDRESS **1928 HIGHLAND DRIVE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
 NAME **Eugenia Rivera**
 STREET ADDRESS **827 Ocean Avenue**
 CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)* **H. Hess Jr** **3/24/00** **904-277-4440**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)