

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0006403

04-24-2001 90049 047 \*\*\*\*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**

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 **VD**  Change  Addition  
 NAME **Gary Marlow**  
 STREET ADDRESS **2263 Ryan Rd.**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

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 **RIVERA, EUGENIA**  
 STREET ADDRESS **827 OCEAN AVENUE**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

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: *Margaret Hess*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01 904 277-4440  
 Date Daytime Phone #

CRE037 (10/00)