

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000224

1. Entity Name

ESD PROPERTIES, INC.

Principal Place of Business

Mailing Address

ATTN: BECKY FINCH
1051-H JOHNNIE DODDS BLVD
MT. PLEASANT SC 29464

ATTN: BECKY FINCH
1051-H JOHNNIE DODDS BLVD
MT. PLEASANT SC 29464-3100

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 57-0973854

Applied For
Not Applied

5. Certificate of Status Desired ☐ \$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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DV
STREET ADDRESS DISHER, JOHN H
CITY-ST-ZIP 1051-H JOHNNIE DODDS BLVD.
MT. PLEASANT, SC 29464

TITLE ☐ Delete
NAME DTS
STREET ADDRESS SCHOOLS, BURTON R
CITY-ST-ZIP 1051-H JOHNNIE DODDS BLVD.
MT. PLEASANT SC 29464

TITLE ☐ Delete
NAME P
STREET ADDRESS EDENFIELD, WILLIAM
CITY-ST-ZIP 1051-H JOHNNIE DODDS BLVD.
MT. PLEASANT SC 29464

TITLE ☐ Delete
NAME AS
STREET ADDRESS BROOKS, GREGORY W
CITY-ST-ZIP 3340 PEACHTREE RD., STE. 1460
ATLANTA GA 30326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME Schools, David R.
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John H. Discher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000

Date

843-881-7550

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90013 012 ***150.00



DO NOT WRITE IN THIS SPACE