

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 02, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # K93491**

1. Entity Name  
**ESI VICTORY, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>700 UNIVERSE BLVD<br>JUNO BEACH FL 33408 | Mailing Address<br>FRANCES M. CARPENTER<br>700 UNIVERSE BLVD<br>JUNO BEACH FL 33408 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>ATTN: RITA W. COSTANTINO<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|--|--|

4. FEI Number  
**65-0125823**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br>LEON J E<br>9250 W. FLAGLER ST<br>MIAMI FL 33174 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
|---|--|---|--|

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 \_\_\_\_\_ DATE **03/02/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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                      | AS                             | <input type="checkbox"/> Delete |  | TITLE   | AS                     | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HATHAWAY SCOT C                |                                 |  | NAME  | HATHAWAY SCOT C        |  |                                   |
| STREET ADDRESS             | 11760 US HWY 1, SUITE 600      |                                 |  | STREET ADDRESS  | 700 UNIVERSE BOULEVARD |  |                                   |
| CITY-ST-ZIP                | N. PALM BEACH FL 33408         |                                 |  | CITY-ST-ZIP   | JUNO BEACH FL 33408    |  |                                   |
| TITLE                      | S                              | <input type="checkbox"/> Delete |  | TITLE   | DT                     | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | CARPENTER, FRANCES M           |                                 |  | NAME  | DILEK L. SAMIL         |  |                                   |
| STREET ADDRESS             | 11760 US HIGHWAY ONE SUITE 600 |                                 |  | STREET ADDRESS  | 700 UNIVERSE BOULEVARD |  |                                   |
| CITY-ST-ZIP                | NORTH PALM BEACH FL 33408      |                                 |  | CITY-ST-ZIP   | JUNO BEACH FL 33408    |  |                                   |
| TITLE                      | DT                             | <input type="checkbox"/> Delete |  | TITLE   | AS                     | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | CARPENTER FRANCES M            |                                 |  | NAME  | COSTANTINO RITA W      |  |                                   |
| STREET ADDRESS             | 700 UNIVERSE BLVD              |                                 |  | STREET ADDRESS  | 700 UNIVERSE BLVD      |  |                                   |
| CITY-ST-ZIP                | JUNO BCH FL 33408              |                                 |  | CITY-ST-ZIP   | JUNO BCH FL 33408      |  |                                   |
| TITLE                      | DT                             | <input type="checkbox"/> Delete |  | TITLE   |                        | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | BOYLAN PETER D                 |                                 |  | NAME  |                        |  |                                   |
| STREET ADDRESS             | 700 UNIVERSE BLVD              |                                 |  | STREET ADDRESS  |                        |  |                                   |
| CITY-ST-ZIP                | JUNO BCH FL 33408              |                                 |  | CITY-ST-ZIP   |                        |  |                                   |
| TITLE                      | DV                             | <input type="checkbox"/> Delete |  | TITLE   |                        | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | HOFFMAN KENNETH P              |                                 |  | NAME  |                        |  |                                   |
| STREET ADDRESS             | 700 UNIVERSE BLVD              |                                 |  | STREET ADDRESS  |                        |  |                                   |
| CITY-ST-ZIP                | JUNO BCH FL 33408              |                                 |  | CITY-ST-ZIP   |                        |  |                                   |
| TITLE                      | DP                             | <input type="checkbox"/> Delete |  | TITLE   |                        | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | YACKIRA MICHEAL W              |                                 |  | NAME  |                        |  |                                   |
| STREET ADDRESS             | 700 UNIVERSE BLVD              |                                 |  | STREET ADDRESS  |                        |  |                                   |
| CITY-ST-ZIP                | JUNO BCH FL 33408              |                                 |  | 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: RITA W. COSTANTINO

AS 03/02/2000

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**EDWARD F. TANCER**  
**700 UNIVERSE BOULEVARD**

**JUNO BEACH, FL. 33408**