

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # P28729

1. Entity Name
ESI CALIFORNIA HOLDINGS, INC.

Principal Place of Business
 700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408

Mailing Address
 ATTN: RITA W. COSTANTINO
 700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
65-0179481
 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
LEON J E
9250 W. FLAGLER STREET
MIAMI FL 33174 US

7. Name and Address of New Registered Agent
 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 _____ DATE **04/18/2001**
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, 2001 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	
TITLE AS NAME PONDER STEPHEN H STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE AS NAME HATHAWAY SCOT C STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE AS NAME COSTANTINO RITA W STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE DT NAME SAMIL DILEK L STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE DVP NAME HOFFMAN KENNETH P STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE PD NAME YACKIRA MICHAEL W STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME TANCER EDWARD F STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME MCGRATH ROBERT L STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME LEIGHTON MICHAEL L STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME HAY III LEWIS STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date 04/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/00)