

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000021538**

1. Entity Name  
 ESI CHEROKEE GP, INC.

Principal Place of Business 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	Mailing Address ATTN: FRANCES M. CARPENTER 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address ATTN: RITA W. COSTANTINO Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>65-0578189</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEON JOAQUIN E 9250 WEST FLAGLER ST. MIAMI FL 33174 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 **02/28/2000**  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATHWAY SCOT C.			NAME			
STREET ADDRESS	700 UNIVERSE BLVD			STREET ADDRESS			
CITY-ST-ZIP	JUNO BCH FL 33408			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TANCER EDWARD F			NAME	TANCER EDWARD F		
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	S	<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	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOYLAN PETER			NAME	SAMIL DILEK L		
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	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEIGHTON MICHAEL L			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 MICHAEL 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 02/28/2000