

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

**DOCUMENT # P96000082914**

1. Entity Name  
 ESI DOSWELL GP, INC.

Principal Place of Business 700 UNIVERSE BLVD JUNO BEACH FL 33408	Mailing Address ATTN: FRANCES M CARPENTER 700 UNIVERSE BLVD JUNO BEACH FL 33408
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address ATTN: RITA W. COSTANTINO 700 UNIVERSE BLVD Suite, Apt. #, etc.
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City & State JUNO BEACH FL	4. FEI Number <b>65-0704632</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33408	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

LEON J.E.  
 9250 WEST 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 **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)

**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	
TITLE AS <input type="checkbox"/> Delete	NAME HATHAWAY SCOT C
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408
TITLE S <input type="checkbox"/> Delete	NAME CARPENTER FRANCES M
STREET ADDRESS 700 UNIVERSE BLVD.	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DT <input type="checkbox"/> Delete	NAME BOYLAN PETER
STREET ADDRESS 700 UNIVERSE BLVD.	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DP <input type="checkbox"/> Delete	NAME YACKIRA MICHAEL W
STREET ADDRESS 700 UNIVERSE BLVD.	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DV <input type="checkbox"/> Delete	NAME HOFFMAN KENNETH P.
STREET ADDRESS 700 UNIVERSE BLVD.	CITY-ST-ZIP JUNO BCH FL 33408
TITLE AS <input type="checkbox"/> Delete	NAME TANCER EDWARD F
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME COSTANTINO RITA W
STREET ADDRESS 700 UNIVERSE BLVD.	CITY-ST-ZIP JUNO BCH FL 33408
TITLE DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SAMIL DILEK L
STREET ADDRESS 700 UNIVERSE BLVD.	CITY-ST-ZIP JUNO BCH FL 33408
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TANCER EDWARD F
STREET ADDRESS 700 UNIVERSE BLVD	CITY-ST-ZIP JUNO BCH FL 33408

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