

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K93486**1. Entity Name  
ESI LP, INC.

## Principal Place of Business

700 UNIVERSE BOULEVARD

JUNO BEACH

33408

FL

US

## Mailing Address

ATTN: RITA W. COSTANTINO

700 UNIVERSE BOULEVARD

JUNO BEACH

33408

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-0125962**

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 ST

MIAMI

33131

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/20/2001**

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, 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Delete
NAME	HATHAWAY SCOT C.	
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	COSTANTINO RITA W	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SAMIL DILEK L	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PONDER STEPHEN H	
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	S	<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	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHTON MICHAEL 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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH ROBERT L	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIESER THOMAS G	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL 33408	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY III LEWIS	
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

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)