

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-24-2002 90323 001 ***300.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074348

1. Entity Name

ESF HAMMOCK CREEK, INC.

Principal Place of Business

2350 S. CONGRESS AVENUE
 DELRAY BEACH FL 33445

Mailing Address

2350 S. CONGRESS AVENUE
 DELRAY BEACH FL 33445

2. Principal Place of Business

2101 S. CONGRESS AVE

Suite, Apt. #, etc.

3. Mailing Address

2101 S. CONGRESS AVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

FEI Number

65-1155081

Applied For

Not Applicable

Zip

33445

Country

Zip

33445

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STRAWN, JOEL T ESQ.

54 N.E. FOURTH AVENUE

DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

GEORGE T. ELMORE

Street Address (P.O. Box Number is Not Acceptable)

2101 SO. CONGRESS AVE

City

DELRAY BEACH

FL

Zip Code

33445

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

GEORGE T. ELMORE, PRES.

(NOTE: Registered Agent signature required when reinstating)

1-4-02

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, 2002 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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P/D GEORGE T. ELMORE |
| STREET ADDRESS | 2101 SO. CONGRESS AVE. |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | S/T/D DOUGLAS G. GORDON |
| STREET ADDRESS | 2101 SO. CONGRESS AVE. |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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:

GEORGE T. ELMORE, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

Date

561-278-0456 x220

Daytime Phone #

CR2E034 (9/01)