

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

ATTN: RITA W. COSTANTINO

Suite, Apt. #, etc.

700 UNIVERSE BOULEVARD

City & State

City & State

JUNO BEACH

FL

Zip

Country

Zip

Country

33408

4. FEI Number**65-0578189**

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 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

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)

02/28/2000

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, 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	HATHWAY SCOT C.	
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	

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	V	<input type="checkbox"/> Delete
NAME	LEIGHTON MICHAEL L	
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	

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	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	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 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: RITA W. COSTANTINO

AS 02/28/2000