

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087402

1. Entity Name

ESKO AFFORDABLE HOUSING, INC.

Principal Place of Business

340 ROYAL POINCIANA WAY
SUITE 305
PALM BEACH FL 33480
US

Mailing Address

340 ROYAL POINCIANA WAY
SUITE 305
PALM BEACH FL 33480
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0710735

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, JAMES C
340 ROYAL POINCIANA WAY
STE 305
PALM BEACH FL 33480

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)

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	P	<input type="checkbox"/> Delete
NAME	KOHL, SIDNEY	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VPDT	<input type="checkbox"/> Delete
NAME	JENKINS, JAMES C.	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	LEVIN, JAMES S	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C JENKINS

4/27/01

561-833-4211

Date

Daytime Phone #

VICE PRESIDENT ESKO AFFORDABLE HOUSING INC.

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90185 013 ***150.00

00057987



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)