

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088303

1. Entity Name

ESKO ASSET MANAGEMENT, INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90054 030 \*\*\*150.00

Principal Place of Business

Mailing Address

340 ROYAL POINCIANA WAY  
SUITE 305  
PALM BEACH FL 33480  
US

340 ROYAL POINCIANA WAY  
SUITE 305  
PALM BEACH FL 33480-4094  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0710533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAMLIN, CURTIS D  
1205 MANATEE AVE. WEST  
BRADENTON FL 34205

Name JAMES C. JENKINS

Street Address (P.O. Box Number is Not Acceptable)  
340 ROYAL POINCIANA WAY - SUITE 305

City PALM BEACH

FL

Zip Code  
33480

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME KOHL, SIDNEY  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VPS  
NAME JENKINS, JAMES C  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE VPDT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP  
NAME NORTON, NANETTE K.  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT  
NAME LEVIN, JAMES S  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE VPDS  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED JAMES C. JENKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/00

Daytime Phone #

961-833-5050

CR2E034 (9/99)