

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002644**

1. Entity Name

EPOCH KISSIMMEE INVESTORS, LTD.

FILED

00 MAR 27 PM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746**

Mailing Address
**250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746-5006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3486208**

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

**SELBY, C. THOMAS
250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746**

Name **Grant Downing**
Street Address (P.O. Box Number is Not Acceptable) **Cobbold, Downing, Sheahan & Bill, PA
222 West Comstock Ave, Suite 101**
City **Winter Park** FL Zip Code **32789**

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 *Grant T. Downing* **GRANT T. DOWNING** **2/18/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000103279**
NAME **EPI KISSIMMEE, INC.**
STREET ADDRESS **250 INTERNATIONAL PARKWAY, SUITE 150**
CITY - ST - ZIP **HEATHROW FL 32746**

STREET ADDRESS
CITY - ST - ZIP **700003198637--8
-04/06/00--01081--005
****526.25 ****526.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *C. Thomas Selby* **SIGNATURE REQUIRED C. Thomas Selby 1-6-00 (407) 333-1604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)