

# 2000 UNIFORM BUSINESS REPORT (UBR)

000181 AF

DOCUMENT # **A97000001443**

1. Entity Name  
**EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:39



Principal Place of Business <b>250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746</b>	Mailing Address <b>250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746-5006</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3486292</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SELBY, C. THOMAS</b> <b>250 INTERNATIONAL PARKWAY, SUITE 150</b> <b>HEATHROW FL 32746</b>				Name <b>Grant Downing</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>Godbold, Downing, Sheahan &amp; Bill, PA</b>			
				<b>222 West Comstock Ave, Suite 101</b>			
				City <b>Winter Park</b>		State <b>FL</b>	

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)

9. Capital Contributions as Shown on record. **\$100.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000103276</b> <b>EPI SOUTHBRIDGE TWO, INC.</b> <b>250 INTERNATIONAL PARKWAY, SUITE 150</b> <b>HEATHROW FL 32746</b>	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	<i>mf 3/13/00</i>
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	<b>9000003169479--8</b>
DOCUMENT #		STREET ADDRESS	<b>-03/14/00--01106--006</b>
DOCUMENT #		CITY - ST - ZIP	<b>***141.25 ***141.25</b>
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	

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

CR2E003 (9/99)