

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006068 AF

DOCUMENT # L00000002785

1. Entity Name  
EPOCH DEVELOPMENT, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -7 PM 1:36

Principal Place of Business

359 CAROLINA AVENUE  
WINTER PARK FL 32789

Mailing Address

359 CAROLINA AVENUE  
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3636532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOWNING, GRANT T  
222 WEST COMSTOCK AVENUE, SUITE 101  
WINTER PARK FL 32789

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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME PUGH, JAMES H JR.  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR  
NAME RIVA, KYLE D  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR  
NAME JACOBY, GREG  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR  
NAME BRADLEY, STEPHEN W  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900003908139--4  
-03/23/01--01096--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE OF Greg Jacoby

2/16/01

(407) 644-9055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)