

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000001357

1. Entity Name

WESTCHASE APARTMENT ASSOCIATES, LTD.

FILED

02 MAR 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
359 CAROLINA AVENUE
WINTER PARK FL 32789

Mailing Address
359 CAROLINA AVENUE
WINTER PARK FL 32789

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **APPLIED FOR- 59-3670461** Applied For Not Applicable

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$7,500.00**

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 # **P00000083228**
NAME **EPI-WESTCHASE EQUITY, INC.**
STREET ADDRESS **359 CAROLINA AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

STREET ADDRESS
CITY-ST-ZIP

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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: SIGLA J. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/4/02
Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE