

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001443

1. Entity Name

EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.

FILED

02 APR 18 PM 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business: **300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW FL 32746**
Mailing Address: **300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW FL 32746**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3486292** Applied For Not Applicable

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

**GRANT DOWNING
GODBOLD, DOWNING, SHEAHAN & BILL, PA
222 WEST COMSTOCK AVE., STE. 101
WINTER PARK FL 32789**

Name: **Selby, C. Thomas**
Street Address (P.O. Box Number is Not Acceptable): **300 International Parkway**
Suite 130
City: **Heathrow** FL Zip Code: **32746**

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: **C. Thomas Selby** DATE: **3-21-02**

9. Capital Contributions as Shown on record. **\$6,500,100.00**

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	STREET ADDRESS	CITY-ST-ZIP
P97000103276	EPI SOUTHBRIDGE TWO, INC.	250 INTERNATIONAL PARKWAY, SUITE 150	HEATHROW FL 32746		

**800005349998--6
04/26/02 01083 023
****526.25 ****526.25**

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** DATE: **3-21-02** 407-333-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)