

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90093 026 ***150.00

0554856

DOCUMENT # 505471

1. Entity Name
EPIC COMMUNITIES, INC.

Principal Place of Business Mailing Address
9199 NOKOMA WAY **9199 NAKOMA WAY**
BROOKSVILLE FL 34613 **BROOKSVILLE FL 34613**
US **US**

A0046307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4515 Kirkland Ave. **4515 Kirkland Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Spring Hill, Florida **Spring Hill, Florida** **59-1676764** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34606 **USA** **34606** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SEMET, BARRY
201 ALHAMBRA CIRCLE, 8TH FLR
CORAL GABLES FL 33134
 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. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIMERCURIO, SALVATORE		NAME		
STREET ADDRESS	9199 NAKOMA WAY		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAN, FLORENCE		NAME		
STREET ADDRESS	9199 NAKOMA WAY		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAN, FLORENCE		NAME		
STREET ADDRESS	9199 NOKOMA WAY		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, JOANNE		NAME		
STREET ADDRESS	9199 NAKOME WAY		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34613		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Encurio** Date: **4-5-01** Daytime Phone #: **352 683-4036**

CR2E034 (10/00)