

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000674

DOCUMENT # **A30647**

1. Entity Name  
**THREE CORNERS INVESTORS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business  
**5009 PARK CENTRAL DRIVE  
ORLANDO FL 32839**

Mailing Address  
**5009 PARK CENTRAL DRIVE  
ORLANDO FL 32839-5340**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

4. FEI Number **59-3032844**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, LORAN A.  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
Name **JOEL K. SLATER**  
Street Address (P.O. Box Number is Not Acceptable) **5745 CITY STREET**  
City **ORLANDO** FL Zip Code **32839**

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]* **JOEL K. SLATER** 4-15-00  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. Capital Contributions as Shown on record. **\$5,975,565.00** 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 #	370124	EPOCH PROPERTIES, INC. 359 CAROLINA AVE. WINTER PARK FL	STREET ADDRESS	200003245292--0 -05/09/00--01111--006 *****526.25 *****526.25
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #	S01933	EPI-ALHAMBRA, INC. 359 CAROLINA AVE. WINTER PARK FL	STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #	L90958	ORLANDO THREE, INC. C/O 215 NORTH EOLA DRIVE ORLANDO FL	STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
STREET ADDRESS				
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: *[Signature]* **JOEL K. SLATER** V.P. ORLANDO THREE, INC. 4-15-00 851-6222 (407)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/96)