

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0008493  
AT

DOCUMENT # **A30647**

1. Entity Name

**THREE CORNERS INVESTORS, LTD.**

02 MAR -6 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5009 PARK CENTRAL DRIVE ORLANDO FL 32839</b>	Mailing Address <b>5009 PARK CENTRAL DRIVE ORLANDO FL 32839</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>59-3032844</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>JOEL K. SLATER 5145 CITY STREET ORLANDO FL 32839</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. <b>\$5,975,565.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT #	<b>370124</b>
NAME	<b>EPOCH PROPERTIES, INC.</b>
STREET ADDRESS	<b>359 CAROLINA AVE.</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
DOCUMENT #	<b>S01933</b>
NAME	<b>EPI-ALHAMBRA, INC.</b>
STREET ADDRESS	<b>359 CAROLINA AVE.</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
DOCUMENT #	<b>L90958</b>
NAME	<b>ORLANDO THREE, INC.</b>
STREET ADDRESS	<b>C/O 215 NORTH EOLA DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600005097856--2</b>
CITY-ST-ZIP	<b>-03/12/02--01070--030</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** *Joel K Slater* **2/25/02** **407-851-6252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE