

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000967

1. Entity Name
EPOCH DEERWOOD, LTD.

Principal Place of Business
359 CAROLINA AVENUE
WINTER PARK FL 32789

Mailing Address
359 CAROLINA AVENUE
WINTER PARK FL 32789-3173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:22



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3202723

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUGH, JAMES H JR.
359 CAROLINA AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name Grant T. Downing

Street Address (P.O. Box Number is Not Acceptable)

Godbold, Downing, Sheahan & Bill, PA

222 West Comstock Ave, S#101

City Winter Park

FL

32789

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

(NOTE: Registered Agent signature required when reinstating)

2/7/00
DATE

9. Capital Contributions
as Shown on record:

\$150.00

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

DOCUMENT # 370124
NAME EPOCH PROPERTIES, INC.
STREET ADDRESS 359 CAROLINA AVENUE
CITY - ST - ZIP WINTER PARK FL 32789

DOCUMENT #
NAME PUGH, JAMES H JR.
STREET ADDRESS 359 CAROLINA AVENUE
CITY - ST - ZIP WINTER PARK FL 32789

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DOCUMENT #
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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

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

mf 2/23/00

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02/25/00 01099-002
1/41.25 1/41.25

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/00
Date

Daytime Phone #

CR2E003 (9/99)

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