

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001529 AF

DOCUMENT # A96000001704

1. Entity Name

EPOCH GREENVILLE INVESTORS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:22

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

4. FEI Number

59-3405470

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

SELBY, C. THOMAS

250 INTERNATIONAL PARKWAY, SUITE 226  
HEATHROW FL 32746

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

Zip Code 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)

DATE

9. Capital Contributions  
as Shown on record.

\$4,500,000.00

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 # P96000075965  
NAME EPI-GREENVILLE, INC.  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY - ST - ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY - ST - ZIP

mf 2/23/00

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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 REQUEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)