

2000 UNIFORM BUSINESS REPORT (UBR)

000181 AF

DOCUMENT # **A97000001443**

1. Entity Name
EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:39



Principal Place of Business 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746	Mailing Address 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746-5006
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3486292		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SELBY, C. THOMAS 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746				Name Grant Downing			
				Street Address (P.O. Box Number is Not Acceptable) Godbold, Downing, Sheahan & Bill, PA			
				222 West Comstock Ave, Suite 101			
				City Winter Park		State FL	

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 *Grant T. Downing* *Grant T. Downing* *2/18/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$100.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000103276 EPI SOUTHBRIDGE TWO, INC. 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	<i>mf 3/13/00</i>
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	9000003169479--8
DOCUMENT #		STREET ADDRESS	-03/14/00--01106--006
DOCUMENT #		CITY - ST - ZIP	***141.25 ***141.25
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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: *C. Thomas Selby* **SIGNATURE REQUIRED** *1-6-00* *(407) 333-1604*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)