

2001 UNIFORM BUSINESS REPORT (UBR)

0001257 AF

DOCUMENT # A97000001443

FILED

1. Entity Name

EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.

01 APR 23 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746
Mailing Address: 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3486292** Applied For Not Applicable

Zip Country Zip Country 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

**GRANT DOWNING
GODBOLD, DOWNING, SHEAHAN & BILL, PA
222 WEST COMSTOCK AVE., STE. 101
WINTER PARK FL 32789**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date. **6,500,000** 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 # **P97000103276**
NAME **EPI SOUTHBRIDGE TWO, INC.**
STREET ADDRESS **250 INTERNATIONAL PARKWAY, SUITE 150**
CITY-ST-ZIP **HEATHROW FL 32746**

STREET ADDRESS
CITY-ST-ZIP **526 25**

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CITY-ST-ZIP **200004045602--0**
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

C. Thomas Selby 2/19/01 (407)333-1604
Date Daytime Phone #

CR2E003 (11/00)