

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002644**

1. Entity Name

EPOCH KISSIMMEE INVESTORS, LTD.

Principal Place of Business

250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746

Mailing Address

250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746-5006

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

59-3486208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELBY, C. THOMAS

250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name

Grant Downing

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

Goodold, Downing, Sheahan & Bill, PA

222 West Comstock Ave, Suite 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.

\$3,000,000.00

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

DOCUMENT # P97000103279
NAME EPI KISSIMMEE, INC.
STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 150
CITY - ST - ZIP HEATHROW FL 32746

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

700003198637--8
-04/06/00--01081--005

STREET ADDRESS

CITY - ST - ZIP

***526.25 ***526.25

DOCUMENT #
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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

Date

Daytime Phone #

CR2E003 (9/99)