

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000856**

1. Entity Name

EPOCH-FLORIDA CAPITAL HOTEL PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 12 PM 4:40

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

Mailing Address
250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746-5006



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3580697

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 Avenue, 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. **\$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

**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 # **P99000048315**
NAME **EPI SOUTHBRIDGE, INC.**
STREET ADDRESS **250 INTERNATIONAL PARKWAY, SUITE 150**
CITY - ST - ZIP **HEATHROW FL 32746**

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE REQUIRED C. Thomas Selby 1-6-00 (407) 333-1604

Date

Daytime Phone #