

# 2000 UNIFORM BUSINESS REPORT (UBR)

X00181 AF

**DOCUMENT # A99000001852**  
 1. Entity Name  
**EPOCH INVESTORS XVII, LTD.**

**FILED**

**00 APR 13 PM 2:14**

**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 32746-5006**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **59-3609930**  
 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  
 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.  
 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 #	<b>P99000048815</b>
NAME	<b>EPI XVII, INC.</b>
STREET ADDRESS	<b>250 INTERNATIONAL PARKWAY, SUITE 150</b>
CITY - ST - ZIP	<b>HEATHROW FL 32746</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>100003219911--8</b>
CITY - ST - ZIP	<b>-04/24/00--01037--006</b>
STREET ADDRESS	<b>***141.25 ***141.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

1696 (9/99)

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)* **REQUIRED C. Thomas Selby 1-6-00 (407) 333-1604**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #