

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001224 AF

DOCUMENT # **A99000001852**

1. Entity Name

**EPOCH INVESTORS XVII, LTD.**

Principal Place of Business

**250 INTERNATIONAL PARKWAY, SUITE 150  
HEATHROW FL 32746**

Mailing Address

**250 INTERNATIONAL PARKWAY, SUITE 150  
HEATHROW FL 32746**

**FILED**

**01 APR 13 PM 12:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**300 International Pky.**

3. Mailing Address

**300 International Pky.**

Suite, Apt. #, etc.

**Suite 130**

Suite, Apt. #, etc.

**Suite 130**

City & State

**Heathrow, FL**

City & State

**Heathrow, FL**

4. FEI Number

**59-3609930**

Applied For

Not Applicable

Zip

**32746**

Country

**USA**

Zip

**32746**

Country

**USA**

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

**Selby, C. Thomas**

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

**300 International Parkway**

**Suite 130**

City

**Heathrow**

**FL**

Zip Code

**32746**

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

DOCUMENT # **P99000048815**  
NAME **EPI XVII, INC.**  
STREET ADDRESS **250 INTERNATIONAL PARKWAY, SUITE 150**  
CITY-ST-ZIP **HEATHROW FL 32746**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **300 International Pky., Ste. 130**  
CITY-ST-ZIP **Heathrow, FL 32746**

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**100004035051--3**  
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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-1-01**

Date

**407/333-1604**

Daytime Phone #

CR2E003 (11/00)