

2000 UNIFORM BUSINESS REPORT (UBR)

200167 AF

DOCUMENT # **A99000001853**

1. Entity Name
EPOCH INVESTORS XVIII, LTD.

FILED

00 APR 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-3609932

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
**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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000098834		STREET ADDRESS	
NAME	EPI XVIII, INC.		CITY - ST - ZIP	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 150			
CITY - ST - ZIP	HEATHROW FL 32746			
DOCUMENT #			STREET ADDRESS	300003219909--4
NAME			CITY - ST - ZIP	-04/24/00--01037--004
STREET ADDRESS				***141.25 ***141.25
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NAME			CITY - ST - ZIP	
STREET ADDRESS				
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 REQUIRED C. Thomas Selby 1-6-00 (417) 333-1604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

16661100 50