

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90029 012 \*\*\*150.00

**DOCUMENT # P96000030741**

1. Entity Name  
**EPI TALLAHASSEE II, INC.**

Principal Place of Business 359 CAROLINA AVENUE WINTER PARK FL 32789	Mailing Address 359 CAROLINA AVENUE WINTER PARK FL 32789-3173
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3377514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CHRISTY, KATHERINE A 250 INTERNATIONAL PARKWAY, SUITE 230 HEATHROW FL 32746</b>	7. Name and Address of New Registered Agent Name <b>Grant T. Downing</b> Street Address (P.O. Box Number is Not Acceptable) <b>Godbold, Downing, Sheahan &amp; Bill, PA.</b> <b>222 West Comstock Ave, S#101</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>
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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 *Grant T. Downing* *Grant T. Downing* *4/29/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUGH, JAMES H	NAME			
STREET ADDRESS	359 CAROLINA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SELBY, THOMAS C.	NAME			
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 226	STREET ADDRESS			
CITY-ST-ZIP	HEATHROW FL	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOBY, GREG	NAME			
STREET ADDRESS	359 CAROLINA AVE.	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVA, KYLE D.	NAME			
STREET ADDRESS	359 CAROLINA AVE.	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* *4/29/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)