

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 997000017277

1. Entity Name

EPI-Palmer Ranch, Inc.

Principal Place of Business

Mailing Address

359 Carolina Avenue
Winter Park, FL 32789

359 Carolina Avenue
Winter Park, FL 32789

2. Principal Place of Business

359 Carolina Avenue

Suite, Apt. #, etc.

3. Mailing Address

359 Carolina Avenue

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3430187

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Downing, Grant T.
222 West Comstock Avenue, Suite 101
Winter Park, FL 32789

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	James H. Pugh, Jr.	
STREET ADDRESS	359 Carolina Avenue	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Kyle D. Riva	
STREET ADDRESS	359 Carolina Avenue	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VP/Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Greg Jacoby	
STREET ADDRESS	359 Carolina Avenue	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003167513--2	
CITY-ST-ZIP	03/13/00--01130--001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	***676.25 ***150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.21.00 407-644-9055

CR2FEN34 19/00