

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057236

1. Entity Name  
EPI CALYPSO CAY APARTMENTS, INC.



FILED

03 FEB 21 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
359 CAROLINA AVENUE  
WINTER PARK FL 32789  
US

Mailing Address  
359 CAROLINA AVENUE  
WINTER PARK FL 32789  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3458285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, DOWNING  
222 WEST COMSTOCK AVENUE  
SUITE 101  
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SELBY, C. THOMAS  
STREET ADDRESS 300 INTERNATIONAL PKWY STE 130  
CITY-ST-ZIP HEATHROW FL 32746

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700012972367  
02/21/03--01106--020 \*\*676.25

☐ Change ☐ Addition

TITLE P  
NAME PUGH JR, JAMES H  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME JACOBY, MARK G  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME RIVA, KYLE D  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME BRADLEY, STEPHEN W  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Daytime Phone #

CR2E034 (10/02)