

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048315

1. Entity Name

EPI SOUTHBRIDGE, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90097 021 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3580695

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELBY, C THOMAS
250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746

Name Grant Downing

Street Address (P.O. Box Number is Not Acceptable)
Godbold, Downing, Sheahan & Bill, PA

222 West Comstock Ave, Suite 101

City Winter Park

FL

Zip 32789

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

This corporation is eligible to satisfy its intangible 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SELBY, C THOMAS	250 INTERNATIONAL PARKWAY, SUITE 150	HEATHROW FL 32746	<input type="checkbox"/>
D	PUGH, JAMES H JR	359 CAROLINA AVE	WINTER PARK FL 32789	<input type="checkbox"/>
D	JACOBY, GREG	359 CAROLINA AVE	WINTER PARK FL 32789	<input type="checkbox"/>
D	RIVA, KYLE	359 CAROLINA AVE	WINTER PARK FL 32789	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

C. Thomas Selby 1-10-00 (407) 333-604

CR2E034 (9/99)