

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01933

1. Entity Name

EPI-ALHAMBRA, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90029 011 ***150.00

907090



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
359 CAROLINA AVE. WINTER PARK FL 32789		359 CAROLINA AVE. WINTER PARK FL 32789-3173	
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	59-3038894	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACOBY, GREG 359 CAROLINA AVE WINTER PARK FL 32789		Name Grant T. Downing Street Address (P.O. Box Number is Not Acceptable) Godbold, Downing, Sheahan & Bill, PA 222 West Comstock Ave, S#101 City Winter Park FL Zip Code 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 _____ (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"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, JAMES, H, JR	NAME	
STREET ADDRESS	359 CAROLINA AVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP	
TITLE	V <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	V <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	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEHART, GREG	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 *[Signature]* 1/14/00 Date _____ Daytime Phone # _____