

2001 UNIFORM BUSINESS REPORT (UBR)

0001224 AF

DOCUMENT # A99000001852

1. Entity Name

EPOCH INVESTORS XVII, LTD.

Principal Place of Business

**250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746**

Mailing Address

**250 INTERNATIONAL PARKWAY, SUITE 150
HEATHROW FL 32746**

2. Principal Place of Business

300 International Pky.

3. Mailing Address

300 International Pky.

Suite, Apt. #, etc.
Suite 130

Suite, Apt. #, etc.
Suite 130

City & State

Heathrow, FL

City & State

Heathrow, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

FILED

01 APR 13 PM 12:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3609930

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Selby, C. Thomas
Street Address (P.O. Box Number is Not Acceptable)
**300 International Parkway
Suite 130**
City
Heathrow FL Zip Code
32746

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. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000048815**
NAME **EPI XVII, INC.**
STREET ADDRESS **250 INTERNATIONAL PARKWAY, SUITE 150**
CITY-ST-ZIP **HEATHROW FL 32746**

STREET ADDRESS **300 International Pky., Ste. 130**
CITY-ST-ZIP **Heathrow, FL 32746**

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-01
Date

407/333-1604
Daytime Phone #

CR2E003 (11/00)