

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22172**

1. Entity Name

SPRING VALLEY CLUB APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:21



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5401 S. KIRKMAN RD. SUITE 515 ORLANDO FL 32819	Mailing Address 5401 S. KIRKMAN RD. SUITE 515 ORLANDO FL 32811-7177
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2. Principal Place of Business 4305 VINELAND RD. Suite, Apt. #, etc. SUITE G15A	3. Mailing Address ← SAME Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State	4. FEI Number 59-2637527	Applied For Not Applicable
Zip 32811	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~STONE, STEPHEN M ESQ.~~
**725 NORTH MAGNOLIA AVENUE
ORLANDO FL 32803**

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 _____ (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
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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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	H99680 SPRING VALLEY DEVELOPMENT, INC. 5401 S. KIRKMAN RD. ORLANDO FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	4305 VINELAND RD. STE. G15A ORLANDO, FL 32811
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	inf 2/29/00 400003156444--2 -03/03/00--01063--023 ****141.25 ****141.25
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14. 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 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. ROXIE** 1/11/00 407-650-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2003 (9/99)