

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002651 AF

DOCUMENT # **A22172**

1. Entity Name

**SPRING VALLEY CLUB APARTMENTS, LTD.**

**FILED**

**01 MAY -1 PM 6:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4305 VINELAND RD., STE. G15A  
SUITE 515  
ORLANDO FL 32811**

Mailing Address

**4305 VINELAND RD., STE. G15A  
SUITE 515  
ORLANDO FL 32811**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4307 Vineland Road**

3. Mailing Address

**4307 Vineland Road**

Suite, Apt. #, etc.

**Suite H-12**

Suite, Apt. #, etc.

**Suite H-12**

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32811**

Country

Zip

**32811**

Country

4. FEI Number

**59-2637527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

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

(NOT 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

DOCUMENT # **H99680**  
NAME **SPRING VALLEY DEVELOPMENT, INC.**  
STREET ADDRESS **4305 VINELAND RD., STE. G15A**  
CITY-ST-ZIP **ORLANDO FL 32811**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**4307 Vineland Road Suite H12**

CITY-ST-ZIP

**Orlando FL 32811**

STREET ADDRESS

CITY-ST-ZIP

**BK**

STREET ADDRESS

CITY-ST-ZIP

**8000004274398--1**

**-05/21/01--01153--015**

**\*\*\*\*141.25 \*\*\*\*141.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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)(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**

**4/30/01**

Date

**407-650-1958**

Daytime Phone #

CR2E003 (11/00)