

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H99680

1. Entity Name

SPRING VALLEY DEVELOPMENT, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90035 039 \*\*\*550.00

Principal Place of Business

5401 G. KIRKMAN RD  
 515  
 ORLANDO FL 32819  
 US

Mailing Address

5401 G. KIRKMAN RD  
 515  
 ORLANDO FL 32819  
 US

2. Principal Place of Business

4305 VINELAND RD.

Suite, Apt. #, etc.

SUITE G15-A

City & State

ORLANDO FL

Zip

32811

Country

USA

3. Mailing Address

4305 VINELAND RD.

Suite, Apt. #, etc.

SUITE G-15-A

City & State

ORLANDO FL

Zip

32811

Country

USA

4. FEI Number

59-2632005

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.

(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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	VD	<input type="checkbox"/> Delete
NAME	ROHDIE, ROBERT C	
STREET ADDRESS	5401 G. KIRKMAN RD, STE 515	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINSBURG, ALAN H	
STREET ADDRESS	2200 LUCIEN WAY, STE 430	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4305 VINELAND RD. STE 615-A	
CITY - ST - ZIP	ORLANDO, FL 32811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1551 SANDSPUR RD.	
CITY - ST - ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

ROBERT C. ROHDIE 7/17/00

Date

407-

650-1958

Daytime Phone #

CR2E034 (5/00)