

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086766

1. Entity Name

SPRING VALLEY FARMS GOURMET PRODUCTS, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90016 018 \*\*\*150.00

Principal Place of Business

107 CAMPHOR TREE LANE  
ALTAMONTE SPRINGS FL 32714

Mailing Address

POST OFFICE BOX 940143  
MAITLAND FL 32794-0143

2. Principal Place of Business

2700 N. PENINSULA AVE 2700 N. PENINSULA AVE

3. Mailing Address

Suite, Apt. #, etc.

#232

City & State

NEW SMYRNA BCH FL

Zip

32169

Country

USA

Zip

32169

Country

USA

4. FEI Number

59-3406729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME KITTEL, PATRICIA A  
STREET ADDRESS 107 CAMPHOR TREE LANE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VTD  
NAME KITTEL, JAMES G  
STREET ADDRESS 107 CAMPHOR TREE LANE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

Date

Daytime Phone #

04/18/01

386 478-1555

CR2E034 (10/00)