

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000043059**

1. Entity Name

SPRING VALLEY HOLDING COMPANY**FILED**
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90029 016 ***150.00

Principal Place of Business

%ATLANTIC COMMUNITIES CORPORATION
13790 N.W. 4TH ST., STE. 113
SUNRISE FL 33325

Mailing Address

%ATLANTIC COMMUNITIES CORPORATION
13790 N.W. 4TH ST., STE. 113
SUNRISE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0847455**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	P	KICKLIGHTER, COLEMAN C	415 E HYMAN AVENUE, SUITE 101 ASPEN CO 81611	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	T	MOHL, GREGORY L	415 E HYMAN AVENUE, SUITE 101 ASPEN CO 81611	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	SD	WILCOX, R. JOHN II	C/O AHERN, 2 GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	VD	AHERN, PATRICK	C/O AHERN, 2 GREENWICH PLAZA GREENWICH CT 06830	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VD	GIBLIN, E.M. JR	13790 NW 4TH STREET, SUITE 113 SUNRISE FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P/T/S/D	GIBLIN, E.M., JR.	13790 NW 4th ST, STE 113 SUNRISE, FL 33325
<input checked="" type="checkbox"/> Delete	V	MILLER, ANDREA	13790 NW 4TH STREET, SUITE 113 SUNRISE FL 33325	<input type="checkbox"/> Change <input type="checkbox"/> 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

E.M. Giblin, Jr.**4/29/02**

Date

(954) 838-7100

Daytime Phone #

CR2E034 (9/01)