

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90078 003 \*\*\*150.00

**DOCUMENT # L91203**

**1. Entity Name**  
**RIVERWOOD DEVELOPMENT, INC.**

**Principal Place of Business**

**12800 UNIVERSITY DR**  
**SUITE 260**  
**FT. MYERS FL 33907-5343**

**Mailing Address**

**12800 UNIVERSITY DR**  
**SUITE 260**  
**FT. MYERS FL 33907-5343**

**2. Principal Place of Business**

**13451 McGregor Blvd.**

**3. Mailing Address**

**13451 McGregor Blvd.**

**Suite, Apt. #, etc.**

**Suite 27**

**Suite, Apt. #, etc.**

**Suite 27**

**City & State**  
**Fort Myers, FL**

**City & State**  
**Fort Myers, FL**

**4. FEI Number**  
**65-0342194**

**Applied For**  
**Not Applicable**

**Zip**

**33919**

**Country**

**Lee**

**Zip**

**33919**

**Country**

**Lee**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BROEK, ALLEN T**  
**12800 UNIVERSITY DRIVE SUITE 260**  
**FT. MYERS FL 33970**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**13451 McGregor Blvd., Suite 27**

**City**

**Fort Myers,**

**FL**

**Zip Code**  
**33919**

**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 State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**TITLE** **CP** ☐ **Delete**  
**NAME** **TEN BROEK, ALLEN G**  
**STREET ADDRESS** **12800 UNIVERSITY DRIVE, #260**  
**CITY-ST-ZIP** **FT MYERS FL**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **13451 McGregor Blvd., Suite 27**  
**CITY-ST-ZIP** **Fort Myers, FL 33919**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **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:** Allen G. Broek **2/12/02** **941-481-2011**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)