

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003492

1. Entity Name

RIVERWOOD NEIGHBORHOOD COUNCIL, INC.

FILED

May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90013 032 \*\*\*\*61.25

Principal Place of Business  
MR. ERIC HANSEN  
3610 PENNY ROYAL  
PORT CHARLOTTE FL 33953

Mailing Address  
MR. ERIC HANSEN  
3610 PENNY ROYAL  
PORT CHARLOTTE FL 33953

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number

65-0918873

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

HANSEN, ERIC  
3610 PENNY ROYAL  
PORT CHARLOTTE FL 33953

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

## 11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEVCIK, JAMES J 3100 SILKWOOD PORT CHARLOTTE FL 33953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - P ERIC HANSEN 3640 PENNY ROYAL PT. CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARGO, ED 3691 VILLAGE LN PORT CHARLOTTE FL 33953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT - V JACK ALLEAUVITCH 3335 PENNY ROYAL PT. CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEEBLES, ANN 13814 PALMETTO POINT CT PORT CHARLOTTE FL 33953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - T BILL PROTZMAN 3296 VILLAGE LANE PT. CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

*Eric B. Hansen*

SIGNATURE:

*SIGNATURE REQUIRED*

4-16-02 941-766-0327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #