

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003492

1. Entity Name

RIVERWOOD NEIGHBORHOOD COUNCIL, INC.

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

Zip

Country

Zip

Country

4. FEI Number

65-0918873

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

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

TITLE PD
NAME SEVCIK, JAMES J
STREET ADDRESS 3100 SILKWOOD
CITY-ST-ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE VPD
NAME FARGO, ED
STREET ADDRESS 3691 VILLAGE LN
CITY-ST-ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE TD
NAME PEEBLES, ANN
STREET ADDRESS 13814 PALMETTO POINT CT
CITY-ST-ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT - P
NAME ERIC HANSEN
STREET ADDRESS 3610 PENNY ROYAL
CITY-ST-ZIP PT. CHARLOTTE, FL 33953 ☒ Change ☐ Addition

TITLE VICE-PRESIDENT - V
NAME JACK ALLEAVITCH
STREET ADDRESS 3335 PENNY ROYAL
CITY-ST-ZIP PT. CHARLOTTE, FL 33953 ☒ Change ☐ Addition

TITLE TREASURER - T
NAME BILL PROTZMAN
STREET ADDRESS 3296 VILLAGE LANE
CITY-ST-ZIP PT. CHARLOTTE, FL 33953 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED ERIC B. HANSEN

4-16-02 941-766-0327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)