

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000002331**

1. Entity Name

GOOD GOVERNMENT LEAGUE OF HERNANDO COUNTY, FLORI**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90038 025 ****61.25

Principal Place of Business

Mailing Address

12210 LAMONT DR
SPRINGHILL FL 34608
USP O BOX 10021
~~13469 PIA CT~~
BROOKSVILLE FL 34607
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Chester Peters**P.O. Box 10021**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12296 Fairway Avenue

City & State

City & State

Brooksville, FL**Brooksville, FL**

4. FEI Number

59-3216718

Applied For

Not Applicable

Zip
34613Country
USAZip
34605Country
USA5. 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

RAY, ERICKSON
12210 LAMONT DR
SPRING HILL FL 34608

Name

Chester Peters

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

P.O. Box 10021**12296 Fairway Avenue**

City

Brooksville, FL**FL**Zip Code
34613

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 **Chester Peters, President** **1/21/2000**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RAYEERICKSON,	12210 LAMONT DR	SPRINGHILL FL 34608	<input checked="" type="checkbox"/>
VD	DEVITO, SABATO	8229 CHAUCER DR	SPRING HILL FL 34607	<input checked="" type="checkbox"/>
SD	PRITCHARD, IRENE A	13467 LAWRENCE ST	SPRING HILL FL 34609	<input checked="" type="checkbox"/>
TD	FOX, JEANNETTE	13469 PIA CT	SPRINGHILL FL 34607	<input checked="" type="checkbox"/>
D	EVELYN DEHART	6191 SUKMTER DR	BROOKSVILLE FL	<input checked="" type="checkbox"/>
D	PRITCHARD, RICHARD	13467 LAWRENCE ST	SPRING HILL FL 34609	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
President	Chester Peters	12296 Fairway Avenue	Brooksville, FL 34613	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	John Tenini	12182 Greenwood St.	Brooksville, FL 34613	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Ms Davienne Lyman	4049 Hermosa Blvd.	Hernando Beach, FL 34607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasure	Ms Gladys Moore	4049 Hermosa Blvd.	Hernando Beach, FL 34607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Ray Erickson	12210 Lamont Dr.	Spring Hill, FL 34608	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Nina Vaznellis	7983 Chaucer Dr.	Spring Hill, FL 34607	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Chester Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester Peters, Pres.

Date

(352) 596-6797

Daytime Phone #

CR2E037 (9/99)