

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90153 047 \*\*\*\*61.25

**DOCUMENT # N95000002331**

1. Entity Name

**GOOD GOVERNMENT LEAGUE OF HERNANDO COUNTY, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**CHESTER PETERS**  
**12296 FAIRWAY AVE**  
**BROOKSVILLE FL 34613**  
**US**

**P O BOX 10021**  
**BROOKSVILLE FL 34605**  
**US**

**80027004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**12296 Fairway Ave**  
 Suite, Apt. #, etc.

**PO Box 5841**  
 Suite, Apt. #, etc.

City & State

City & State

**Brooksville, FL**

**Spring Hill, FL**

Zip

Country

Zip

Country

**34613**

**Hernando**

**34611**

**Hernando**

4. FEI Number

**59-3216718**

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

**PETERS, CHESTER**  
**P O BOX 10021**  
**12296 FAIRWAY AVENUE**  
**BROOKSVILLE FL 34613**

Name

**Chester Peters**

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

**12296 Fairway Ave**

City

**Brooksville**

**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*

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

(NOTE: Registered Agent signature required when reinstating)

**1-31-2002**

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 **P** ☐ Delete  
 NAME **PETERS, CHESTER**  
 STREET ADDRESS **12296 FAIRWAY AVENUE**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

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

TITLE **VP** ☐ Delete  
 NAME **TENINI, JOHN**  
 STREET ADDRESS **12182 GREENWOOD ST**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

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

TITLE **S** ☒ Delete  
 NAME **LYMAN, DAVIENNE MS**  
 STREET ADDRESS **4049 HERMOSA BLVD**  
 CITY-ST-ZIP **HERNANDO FL 34607**

TITLE **S** ☒ Change ☐ Addition  
 NAME **Kathy Cassese**  
 STREET ADDRESS **14175 Cornwell Lane**  
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **T** ☐ Delete  
 NAME **MOORE, GLADYS MS**  
 STREET ADDRESS **4049 HERMOSA BLVD**  
 CITY-ST-ZIP **HERNANDO FL 34607**

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

TITLE **D** ☒ Delete  
 NAME **ERICKSON, RAY**  
 STREET ADDRESS **12210 LAMONT DR**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☒ Change ☐ Addition  
 NAME **Joe Fox**  
 STREET ADDRESS **13469 Pica Ct**  
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **D** ☐ Delete  
 NAME **FAGAN, DAVID W**  
 STREET ADDRESS **5065 KEYSVILLE AVE**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

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

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

**1-31-2002**

Date

**596-6797**

Daytime Phone #

CR2E037 (9/01)