

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90117 009 ****61.25

DOCUMENT # N95000002331

1. Entity Name

GOOD GOVERNMENT LEAGUE OF HERNANDO COUNTY, FLORIDA, INC.



Principal Place of Business

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

Mailing Address

**P.O. BOX 5841
SPRING HILL FL 34611
US**

2. Principal Place of Business

8037 Pagoda Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

4. FEI Number **59-3216718**

Applied For

Not Applicable

Zip

34606

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETERS, CHESTER
12296 FAIRWAY AVENUE
BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

Name **Brian P. Moore**
Street Address (P.O. Box Number is Not Acceptable)
8037 Pagoda Dr.
City **Spring Hill** FL Zip Code **34606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, CHESTER 12296 FAIRWAY AVENUE BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TENINI, JOHN 12182 GREENWOOD ST BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSESE, KATHY 14175 CORNEWALL LANE SPRING HILL FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, GLADYS MS 4049 HERMOSA BLVD HERNANDO FL 34607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, JOE 13469 PIA CT SPRING HILL FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, DAVID W 5065 KEYSVILLE AVE SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moore, Brian P. 8037 Pagoda Dr. Spring Hill, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Erickson, Ray 122 Lament Dr. Spring Hill, FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Hurley, Dan 8249 Pagoda Dr Spring Hill, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tenini, John 12182 Greenwood St Brooksville, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE REQUIRED

1-7-03 352-686 9936

CR2E037 (10/02)