

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004798

1. Entity Name

FRIENDS OF HANOVER, INC.

Principal Place of Business

5032 N.W. 40TH STREET
LAKE PANASOFFKEE FL 33538

Mailing Address

P.O. BOX 508
LAKELAND FL 33802-0508
US

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

59-3529096

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

BRYANT, THOMAS J
114 N TENNESSEE AVE., STE. 202
LAKELAND FL 33801

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 ☐ Delete
NAME P
STREET ADDRESS OGILVIE, ALEX III
CITY-ST-ZIP P.O. BOX 1070 N/A
LADY LAKE FL 32159

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

TITLE ☐ Delete
NAME 1STV
STREET ADDRESS YODER, TERRY
CITY-ST-ZIP 5032 N.W. 40TH STREET
LAKE PANASOFFKEE FL 33538

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

TITLE ☒ Delete
NAME 2NDV
STREET ADDRESS WOLF, THOMAS
CITY-ST-ZIP P.O. BOX 58
INVERNESS FL 34451

TITLE ☐ Change ☒ Addition
NAME 2ndV
STREET ADDRESS Hess, Ron
CITY-ST-ZIP 13229 CR 103
Oxford, FL 34484

TITLE ☐ Delete
NAME S
STREET ADDRESS CIHOSKI, KAREN
CITY-ST-ZIP 33917 LINDA LANE
LEESBURG FL 34788

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

TITLE ☐ Delete
NAME T
STREET ADDRESS BRYANT, THOMAS CPA
CITY-ST-ZIP P.O. BOX 508
LAKELAND FL 33802

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90017 046 ****61.25



DO NOT WRITE IN THIS SPACE