

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90013 039 \*\*\*\*\*61.25

**DOCUMENT # 706278**

1. Entity Name

**SUWANNEE RIVER AREA COUNCIL OF THE BOY SCOUTS OF**

Principal Place of Business

2729 W. PENSACOLA ST  
TALLAHASSEE FL 32304-2907

Mailing Address

2729 W. PENSACOLA ST  
TALLAHASSEE FL 32304-2907

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

**59-0624370**

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

**SANDERS, N. P**  
**2729 W PENSACOLA ST**  
**TALLAHASSEE FL 32304**

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 ☐ Delete  
NAME CAMPBELL, CHRISTOPHER  
STREET ADDRESS 1479 MILLSTREAM  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Change ☒ Addition  
NAME John Burns  
STREET ADDRESS 7027 Anglenwood Lane  
CITY-ST-ZIP Tallahassee, Fla. 32308

TITLE VD ☐ Delete  
NAME NEAL, MARGARET  
STREET ADDRESS 3629 WESTMORELAND DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE TD ☐ Change ☒ Addition  
NAME FRANK Mercer  
STREET ADDRESS 1242 Timberlane Rd.  
CITY-ST-ZIP Tallahassee, Fla. 32312

TITLE SD ☐ Delete  
NAME PALMER, SANDERS N  
STREET ADDRESS 2719 W PENSACOLA ST  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE TD ☒ Delete  
NAME WOOD, JOHN  
STREET ADDRESS PO BOX 15013  
CITY-ST-ZIP TALLAHASSEE FL 32317

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

TITLE VD ☐ Delete  
NAME MCCALL, FRANCIS, JR.  
STREET ADDRESS 321 N. 9TH ST.  
CITY-ST-ZIP QUINCY FL

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

TITLE CD ☒ Delete  
NAME JOHNSON, IVAN III  
STREET ADDRESS 525 E. CALL ST.  
CITY-ST-ZIP TALLAHASSEE FL

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)