

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
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, CHRISTOPHER	
STREET ADDRESS	1479 MILLSTREAM	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEAL, MARGARET	
STREET ADDRESS	3629 WESTMORELAND DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PALMER, SANDERS N	
STREET ADDRESS	2719 W PENSACOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WOOD, JOHN	
STREET ADDRESS	PO BOX 15013	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCALL, FRANCIS, JR.	
STREET ADDRESS	321 N. 9TH ST.	
CITY-ST-ZIP	QUINCY FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, IVAN III	
STREET ADDRESS	525 E. CALL ST.	
CITY-ST-ZIP	TALLAHASSEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Burns	
STREET ADDRESS	7027 Anglenwood Lane	
CITY-ST-ZIP	Tallahassee, Fla. 32308	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK Mercer	
STREET ADDRESS	1242 Timberlane Rd.	
CITY-ST-ZIP	Tallahassee, Fla. 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **2/28/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)