

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90014 014 ****61.25

DOCUMENT # 706278

1. Entity Name

SUWANNEE RIVER AREA COUNCIL OF THE BOY SCOUTS OF AMERICA, INC.

Principal Place of Business

Mailing Address

**2729 W. PENSACOLA ST
TALLAHASSEE FL 32304-2907**

**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

4. FEI Number

59-0624370

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<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	D	<input type="checkbox"/> Delete
NAME	BURNS, JOHN	
STREET ADDRESS	7027 ANGLEWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCALL, FRANCIS, JR.	
STREET ADDRESS	321 N. 9TH ST.	
CITY-ST-ZIP	QUINCY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MERCER, FRANK	
STREET ADDRESS	1292 TIMBERLANE RD	
CITY-ST-ZIP	TALLAHASSEE FL 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Mike CUNTO
STREET ADDRESS	2322 Cobb Drive
CITY-ST-ZIP	Tallahassee, Florida 32312

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: *Palmer Sanders* **Palmer Sanders** 1-23-02 850-576-4446

CR2E037 (9/01)