

# 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 <b>2729 W. PENSACOLA ST TALLAHASSEE FL 32304-2907</b>	Mailing Address <b>2729 W. PENSACOLA ST TALLAHASSEE FL 32304-2907</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-0624370**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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
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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* SIGNATURE REQUIRED: *Palmer Sanders 1-23-02 850-576-4446*

CR2E037 (9/01)