

REVISED APPLICATION  
DOCKET NO. 941044-WS

NON-JURIS.  
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**APPLICATION FOR NON-JURISDICTIONAL ENTITIES**  
**SECTION 367.021(12), FLORIDA STATUTES**  
**RULE 25-30.060(3)(j), FLORIDA ADMINISTRATIVE CODE**

941044-WS

The application must be signed by  
the owner or accompanied by a Letter  
of Authorization from the owner.

NAME OF SYSTEM: PRICE SANDERS SCOUT RESERVATION

PHYSICAL ADDRESS OF SYSTEM: 38751 Belmont Road  
Punta Gorda, Florida 33982

COUNTY WHERE SYSTEM IS LOCATED: CHARLOTTE

NAME OF SYSTEM OWNER(S): Southwest Florida Council, Inc., Boy  
Scouts of America

MAILING ADDRESS (IF DIFFERENT): 1801 Boy Scout Drive  
Ft. Myers, Florida 33907

PRIMARY CONTACT PERSON:

NAME: Mr. John M. Akerman

ADDRESS: 1801 Boy Scout Drive  
Ft. Myers, Florida 33907

PHONE NO.: (941) 936-8072

NATURE OF OWNER'S BUSINESS ORGANIZATION (CORPORATION, PARTNERSHIP,  
LIMITED PARTNERSHIP, SOLE PROPRIETOR, ASSOCIATION, ETC.).

Corporation

I believe this system to be exempt from the regulation of the  
Florida Public Service Commission pursuant to Section 367, Florida  
Statutes, for the following reasons:

1. There is no charge for providing utility service.

DOCUMENT NUMBER-DATE  
09290 SEP-3 88  
FPSC-RECORDS/REPORTING

APPLICATION FOR NON-JURISDICTIONAL ENTITIES

2. The costs of providing utility service are treated or recovered as operating expenses.
3. The utility services provided are:

Water     YES     Wastewater               
or Septic     YES    

For service not provided, please state who provides:

Not Applicable

I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083, F.S.

8/29/96

(Date)



Owner's Signature

JOHN M. AKERMAN

Owner's Name (Typed or Printed)

SECRETARY

Owner's Title

The original and four copies of the completed application should be mailed to:

Director, Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850.

**APPLICATION FOR  
REGISTRATION OF FICTITIOUS NAME**

1. PRICE-SANDERS SCOUT RESERVATION  
Fictitious Name to be Registered

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2. 1801 BOY SCOUT DRIVE  
Mailing Address of Business  
FT. MYERS FL 33907  
City State Zip Code

3. Florida County of principal place of business: LEE,  
CHARLOTTE

4. FEI Number: \_\_\_\_\_

This space for office use only

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

1. S.W. FLA. COUNCIL, B.S.A.  
Entity Name  
1801 BOY SCOUT DRIVE  
Address  
FT. MYERS FL 33907  
City State Zip Code  
Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_  
 Applied for  Not Applicable

2. \_\_\_\_\_  
Entity Name  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_  
 Applied for  Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 8/7/96  
Signature of Owner Date

Phone Number: (941) 936-8072

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date