

U. 10/1/16

**SECTION 367.021(12), FLORIDA STATUTES
RULE 25-30.060(3)(j), FLORIDA ADMINISTRATIVE CODE**

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

951235-W5
~~W5~~

NAME OF SYSTEM: CAMP FLYING EAGLE

PHYSICAL ADDRESS OF SYSTEM: 16009 Upper Manatee River Road
Bradenton, Florida 34202

COUNTY WHERE SYSTEM IS LOCATED: MANATEE

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

09291 SEP-30

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)

J.M.K.

Owner's Signature

JOHN M. KERMAN

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. CAMP FLYING EAGLE
Fictitious Name to be Registered

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
MANATEE

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, BSA
Entity Name
1801 BOYSCOUT DRIVE
Address
FT. MYERS FL 33982
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: 1(941)936-8072

Signature of Owner Date
Phone Number: _____

**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

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

FILING FEE: \$50

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (5/96)