

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30929

1. Entity Name

RUTH M. FOY CHARITABLE FOUNDATION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90057 018 ****61.25

Principal Place of Business 2900-2 S. TAMiami TR SARASOTA FL 34239 US	Mailing Address 2900-2 S. TAMiami TR SARASOTA FL 34239 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0102106	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DRABIK, ROBERT F.
2900 S TAMiami TRAIL
SARASOTA FL 34239

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

TITLE	D <input type="checkbox"/> Delete
NAME	CUNNINGTON, WILLIAM E
STREET ADDRESS	469 7TH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> Delete
NAME	COWLES, KENNETH C
STREET ADDRESS	4312 BENT TREE BLVD
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	PD <input type="checkbox"/> Delete
NAME	DRABIK, ROBERT F.
STREET ADDRESS	1313 S. LAKE SHORE DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> Delete
NAME	DRABIK, PATRICIA
STREET ADDRESS	1313 S. LAKE SHORE DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	TD <input type="checkbox"/> Delete
NAME	MENCHINGER, THOMAS
STREET ADDRESS	4316 ARDALE
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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: *Robert F. Drabik* **1/12/00** **941-366-2100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)