

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90076 032 \*\*\*\*61.25

**DOCUMENT # N30929**

1. Entity Name

**RUTH M. FOY CHARITABLE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**2900-2 S. TAMiami TR  
 SARASOTA FL 34239  
 US**

**2900-2 S. TAMiami TR  
 SARASOTA FL 34239  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State.

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0102106**

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

7. Name and Address of New Registered Agent

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

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

*(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/02*

Date

Daytime Phone #

CR2E037 (9/01)