

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43449

1. Entity Name

THE RUTH MUNCE FOUNDATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90185 023 ****61.25

Principal Place of Business

**415 2ND STREET
INDIAN ROCKS BEACH FL 34635
US**

Mailing Address

**C/O G.M. MUNCE. CPA
641 BRYN MAWR STREET
ORLANDO FL 32804-4427
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3075055

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNCE, ROBERT L
7723 SAWGRASS PT DR
PINELLAS PK FL 33782**

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 **D** ☐ Delete
NAME **SPEER, LYNDA**
STREET ADDRESS **8615 MITCHELL RANCH RD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MUNCE, ROBERT**
STREET ADDRESS **7723 SAWGRASS PT DR**
CITY-ST-ZIP **PINELLAS PK FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MUNCE, G M**
STREET ADDRESS **641 BRYN MAWR STREET**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIREMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

407/843-2601

Daytime Phone #

CR2E037 (9/99)