

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90043 019 \*\*\*\*61.25

**DOCUMENT # N43449**

1. Entity Name

**THE RUTH MUNCE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

415 2ND STREET  
 INDIAN ROCKS BEACH FL 34635  
 US

C/O G.M. MUNCE, CPA  
 641 BRYN MAWR STREET  
 ORLANDO FL 32804  
 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 **NO CHANGE**

Street Address (P.O. Box Number is Not Acceptable)

**415 2ND STREET**

City

**INDIAN ROCKS BEACH**

**FL**

Zip Code  
**33785**

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

*Robert L Muncie*

**1/26/01**

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**

**61.25**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
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 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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 L Muncie*

**1/26/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)