THE RUTH MUNCE FOUNDATION, INC. 02-03-2001 90043 019 ****61.25 Incertain Places of Business Ms ling Address 02-03-2001 90043 019 ****61.25 IS 80 STRET OR ALANO R. 2885 Of G M, MINEE CPA Bit Brown Minks STRET OR ALANO R. 2896 Do Not Write IN THIS SHALE IS 80 STRET OR ALANO R. 2896 State Act # 40. Do Not Write IN THIS SHALE Do Not Write IN THIS SHALE City & State State Act # 40. Do Not Write IN THIS SHALE Do Not Write IN THIS SHALE City & State State Act # 40. Do Not Write IN THIS SHALE Argebraic City & State 20 Country S. Certification of State Desired State Act # 40. MUNCE, ROBERT L The Annow and Address of Courter In Registered Agent Name and Address of Now Registered Agent Name and Address of Now Registered Agent MUNCE, ROBERT L The Annow Address of Courter In Registered Agent Name and Address of Now Registered Agent Name and Address of Now Registered Agent The Above named entry submits this statement for the purpose of other project of other project of other project of other project of the Acceptate Project In The Fund Controlling State Acceptate Project In The Fund Controlling The Above named entry submits this statement for the purpose of other project of the Acceptate Project In The Fund Controlling Make Control Project In The Fund Controlling	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N43449					FILED Feb 03, 2001 8:00 am Secretary of State			
IS 200 STREET CO GAL MANCE CON CISCOUND MARK STREET CISCOUND MARK STREET CISCOUND MARK STREET CISCOUND MARK STREET CISCOUND CONTY CISCOUND CIS	THE RI	JTH MUNCE FOUNDATION, I	NC.	5			•		
give a focks sexch FL MSS eif BYN MANA STREET GILLAD OF Labor GLAD OF LABOR Strike Auf FLoor of Business 3. Maining Address Control of Business 4. FEI Nambor MUNCE, ROBERT L Strike Address of Strikes of Strikes of Strikes of New Registered Agent MUNCE, ROBERT L Strike Address of New Registered Agent The above normed entity submits this addresent for the purpose of changing the registered affect or registered agent, or both in the date of Plana. MUNCE, ROBERT L To code TT22 SMNGRASS SF TO R Maining Floored PHELLAS RK FL 33782 Note The process Agent	Principal Plac	ce of Business	Mailing Address						
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. DO NOT WHITE IN THIS SPACE City 4 State City 6 State 4. FEI Number StateState 2 3331B5 Courrey Zp Country State Aumore, Robert L Trace Address of Current Registered Agent Inter Address of New Registered Agent Numce, Robert L Trace Address of New Registered Agent Inter Address of New Registered Agent Numce, Robert L Trace Address of New Registered Agent Inter Address of New Registered Agent Numce, Robert L Trace Address of New Registered Agent Inter Address of New Registered Agent Numce, Robert L Street Address of New Registered Agent Inter Address of New Registered Agent Numce, Robert L Street Address of New Registered Agent Inter Address of New Registered Agent Street Address of New Registered Agent Inter Address of New Registered Agent Street Address of New Registered Agent Inter Address of New Registered Agent Street Address of New Registered Agent Inter Address of New Registered Agent Street Address of New Registered Agent Inter Address of New Registered Agent Street Address of New Registered Agent Inter Address of New Registered Agent Street Address of New Registered Agent Inter Address of New Registered Agent Street Address of New Registered Agent	415 2ND STREET INDIAN ROCKS BEACH FL 34635 US		641 BRYN MAWR STREET ORLANDO FL 32804						
City & State 4. FEI Number Sy 3075055 Inpetied For. 24 233355 Country 20 Country 5. Certificate of State Desired SR 75 Additional Fore Regulated 24 333857 Country 20 Country 5. Certificate of State Desired SR 75 Additional Fore Regulated 24 Name and Address of Current Regiltered Agent	Principal F	Place of Business	3. Mailing Address	<u> </u>					
Sector Sector Sector 213:18:5 Country Zip Country S. Certificate of Statu Desired S8:75 Additional Resplayed 213:18:5 Country S. Certificate of Statu Desired S8:75 Additional Resplayed 213:18:5 Country S. Certificate of Statu Desired S8:75 Additional Resplayed 213:18:5 Name – No ⁵ Cl/AddG – Street Address of Nove Registered Agent 213:18:5 Street Address of Nove Registered Agent Name – No ⁵ Cl/AddG – 214:17:25 Street Address (P.O. Box Number Is Not Acceptable) 214:17:25 Street Address (P.O. Box Number Is Not Acceptable) 214:17:25 Street Address (P.O. Box Number Is Not Acceptable) 214:17:25 Street Address (P.O. Box Number Is Not Acceptable) 215:17:26 Street Address (P.O. Box Number Is Not Acceptable) 216:17:27:28 Street Address (P.O. Box Number Is Not Acceptable) 217:17:28 Street Address (P.O. Box Number Is Not Acceptable) 218:17:28 9: Electon Campaign Preating 219:17:28 9: Electon Campaign Preating 219:18:18:18:12:18:18:11:18:18:18:18:18:18:18:18:18:18:	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Zig Country Zip Country s. Certificate of Status Desired Stat 75 Additional Fee Required MUNCE, ROBERT L TY23 SANGRASS PT DR PINELLAS PK FL 33782 Name and Address of New Registered Again Name Address of New Registered Again Trivia Sank GRASS PT DR PINELLAS PK FL 33782 Street Address (P. Dax Number is Not Acceptable) Street Address (P. Dax Number is Not Acceptable) Trivia Sank GRASS PT DR PINELLAS PK FL 33782 This above named entry submits his statement for the purpose of changing its registered office or registered again. or both. In the state of Pinchas. This above named entry submits his statement for the purpose of changing Franking This above named entry submits his statement for the purpose of changing Franking Diff. Core registered address (P. Day Number is Not Acceptable) True Fund Contribution. Pinter Fund Contribution. S5.00 May Be Added to Frees Make Check Payable to Department of State (Loc) Deficers AND DIFECTORS Th. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10 (Loc) The Make Check Payable to Department of State (Loc) Core of (Loc) State (Loc) Core of (Loc) State (Loc) ## FLORESS F728 Deficers AND DIFECTORS Th. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS Th. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS State (Loc) State (Loc) <td< td=""><td>City & Stat</td><td>te .</td><td>City & State</td><td></td><td></td><td></td><td>-3075055</td><td></td><td></td></td<>	City & Stat	te .	City & State				-3075055		
Number Number Number Number In Number	Z/0 337	85 Country	Zip	Country	<u> </u>			\$8.75 Ad	ditional
MUNCE, ROBERT L Street Address (P.O. Box Number is Not Acceptable) T723 SAWGRASS PT DR YIS 240 STREAT PNELLAS PK FL 33782 YIS 240 Code 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. 1/226/6/ SNATURE	\leq	8. Name and Address of Current	Registered Agent				as of New Registered	Agent	
MUNCE, ROBERT TATAORES PT DR PIELLAS PK FL 33782 YIS SAVERASS PT DR PINELLAS PK FL 33782 YIS DAID STREET Zip Code City Nbl NM by KS BEACH FL Zip Code The above named entry submits this statement for the purpose of changing its registered alloce or registered agent, or both, in the state of Piorida. I/2 L/6/ NATURE	r								·····
T/25 SAWGRASS PT DR PNELLAS PK FL 33782 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florda. NATURE Addition MATURE Precedence PELLAS PK FL 33782 Inter above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florda. NATURE Mature Image: State Addition By noor, typed or privation arms of registered agent and the 1 septiably. INOTE Registered Agent State device revealed device revealed device revealed device revealed. Image: FLE NOW: State Address Inter function State Address Inter Address State Address Inter Address Inter Address Inter Address Inter Address	MUNCE,	Robert L	St	reet Address (F	P.O. Box Number is Not	Acceptable)			
Intel Nor INTL Solida City INDIAN Kack Struct FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. NATURE	7723 SA	WGRASS PT DR			410	2ND STREFT	1		
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. INATURE	PINELLAS PK FL 33782			Ci	ty 1.(A				
NATURE Muther 1/2 4/6/ Jornaues, typed or one new of the glanded spent and the tapplacet. INOTE Registance Agent spent and the tapplacet. INOTE Registance Agent spent and the tapplacet. Inote File NOW: FEE IS \$51.25 9. Election Campaign Financing Trust Fund Contribution. 1.1 Addition tapplacet. Make Check Payable to Department of State 0 OFFICERS AND DIFECTORS 11. AdDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 10 1 Image:	The above	a nomed ontity submits this statement for	r the purpose of changing its	registered of			101	- 1 3378	5
OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 E D SPEER, LYNNDA Imte Imte Set15 MITCHELL RANCH RD Imte Imte Imte VST2P PD Delete Imte Imte WUNCE, ROBERT Imte Imte Imte Imte 7723 SAWGRASS PT DR Imte Imte Imte Imte PNELLAS PK FL 33782 Imte Imte Imte Imte E MUNCE, G M Imte Imte Imte Imte MUNCE, G M Imte				Financing	65 M	n	Maka Chaak	Construction in the state	
E SPEER, LYNNDA 8615 MITCHELL RANCH RD NAME STREET ADDRESS (ITY-ST-2P E PD Delete ILE MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLSS PK FL 33782 Delete ILE E MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLSS PK FL 33782 INAME E MUNCE, G M 641 BRYN MAWR STREET ORL ANDO FL 32804 STREET ADDRESS GITY ST-2P YIS 340 STR/£/57 E ID belete ILE NAME KET ADDRESS 517-2P ORL ANDO FL 32804 STREET ADDRESS GITY ST-2P Change Addition E ID belete ITLE ISTREET ADDRESS GITY ST-2P Change Addition E ID belete ITLE INALE ISTREET ADDRESS GITY ST-2P		FEE 15 \$01.25	Trust Fund Contrib	•	Added	U May Be to Fees			
EET ADDRESS AND FL SANDA STREET ADDRESS (STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI		OFFICERS AND DIF	RECTORS	ution.	Added	to Fees	Departmen	t of State	61.25 110
-ST-2/P NEW PORT RICHEY FL CITY-ST-2/P E PD Delete ITTLE MUNCE, ROBERT TZ3 SAWGRASS PT DR STREET ADDRESS 7/5T-2/P PINFLLAS PK FL 33782 CITY-ST-2/P E TD Delete TTLE MUNCE, G M MAKE STREET ADDRESS GITY-ST-2/P F4 TD Delete TTLE TSC-Change MUNCE, G M MAKE STREET ADDRESS CITY-ST-2/P G41 BRYN MAWR STREET CITY-ST-2/P CITY-ST-2/P CITY-ST-2/P E Delete TTLE Change Addition KET ADDRESS CITY-ST-2/P STREET ADDRESS CITY-ST-2/P E Delete TTLE Change Addition KET ADDRESS STREET ADDRESS CITY-ST-2/P CITY-ST-2/P E Delete TTLE Change Addition KET ADDRESS STREET ADDRESS CITY-ST-2/P CITY-ST-2/P E Delete TTLE NAME Change Addition STREET ADDRESS STREET ADDRESS STREET ADDRESS CI	E	OFFICERS AND DIF	RECTORS	11.	Added	to Fees	Departmen	t of State	61.25
E MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 Delete TD Delete MUNCE, G M 641 BRYN MAWR STREET ORI ANDO FL 32804 Delete TTLE NAME ST-2P Delete MUNCE, G M STREET ADDRESS 641 BRYN MAWR STREET ORI ANDO FL 32804 Delete TTLE NAME ST-2P ORI ANDO FL 32804 E Delete TTLE Change Addition STREET ADDRESS ST-2P CITY-ST-2P E Delete TTLE Change Addition STREET ADDRESS ST-2P CITY-ST-2P E Delete TTLE Change Addition NAME STREET ADDRESS CITY-ST-2P E Delete TTLE NAME STREET ADDRESS CITY-ST-2P E Delete TTLE NAME STREET ADDRESS CITY-ST-2P	E	OFFICERS AND DIF D SPEER, LYNNDA	RECTORS	11. TITLE NAME	Added	to Fees	Departmen	t of State	61.25
Thereby 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 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 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 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 of the cropered to execute this report as required by Chapter 617, Florida Statutes, and thet my name appears in Block 10 or Block 11 if change does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with an address, with all other like empoymend.	e Ie Eet address	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL	RECTORS	11. TITLE NAME STREET ADD	DRESS	to Fees	Departmen	t of State	<u>لامل. کی ما</u> N 10 Addition
-ST-2IP PINELLAS PK FL 33782 CITY-ST-2IP IN 60 NAN & & CLS BEACH FL 33785 E TADRESS ST-2IP CRAME STREET CITY-ST-2IP CRAME STREET ADDRESS CITY-ST-2IP CRAME STREET AD	ie Eet address - St-Zip E	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD	RECTORS	11. TITLE NAME STREET ADD CITY-ST-ZI TITLE	DRESS	to Fees	Departmen	t of State	61.25 110
E ID	ie Eet adoress - St-Zi p E	OFFICERS AND DIF SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT	RECTORS	ution. 11. TITLE NAME STREET ADL CITY-ST-ZI TITLE NAME	Added	to Fees	Departmen	t of State	<u>لما.2</u> <u>۱۵</u> Addition
EET ADDRESS G41 BRYN MAWR STREET ORI ANDO FL 32804 STREET ADDRESS -ST-2IP Delete TITLE E NAME ET ADDRESS STREET ADDRESS -ST-ZIP Change Addition E STREET ADDRESS -ST-ZIP CITY - ST - ZIP E Delete TITLE NAME STREET ADDRESS -ST-ZIP CITY - ST - ZIP E Delete TITLE NAME STREET ADDRESS -ST-ZIP Change Addition E Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP E Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP E Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 coefver or trueste empowered to execute this report as required by Chapte	E ST-ZIP E E E ST-ZIP E ST-ZIP	OFFICERS AND DIF SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR	RECTORS	ution. 11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD	Added	to Foes DDITIONS/CHANGES	Departmen	t of State	<u>لم ا . ک ک</u> ۱۵ طddition
-ST-ZIP ORI ANDO FL 32804 CIY-ST-ZIP E Delete TITLE Change Addition RE STREET ADDRESS STREET ADDRESS CIY-ST-ZIP Change Addition E Delete TITLE Change Addition RE Delete TITLE Change Addition It approximation 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 supple	E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E -=====	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782	Delete	Ution. 11. TITLE NAME STREET ADD CITY-ST-ZU TITLE TITLE TITLE	Added	to Foes DDITIONS/CHANGES	Departmen	t of State	<u>کر . کی ان </u>
E NAME ET ADDRESS STREET ADDRESS .ST-ZIP Delete Image: Delete TITLE Delete TITLE NAME ET ADDRESS .ST-ZIP Image: Delete Image: Delete TITLE NAME STREET ADDRESS .ST-ZIP Image: Delete TITLE Image: Delete TITLE </td <td>E ET ADDRESS - ST - ZIP E E ET ADDRESS - ST - ZIP E E</td> <td>OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M</td> <td>Delete</td> <td>ution. 11. TITLE NAME STREET ADD CITY-ST-ZU TITLE NAME STREET ADD CITY-ST-ZU TITLE NAME</td> <td>Added Added A DRESS IP V115 IP I.100</td> <td>to Foes DDITIONS/CHANGES</td> <td>Departmen</td> <td>t of State</td> <td><u>لم ا . ک ک</u> ۱۵ طddition</td>	E ET ADDRESS - ST - ZIP E E ET ADDRESS - ST - ZIP E E	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M	Delete	ution. 11. TITLE NAME STREET ADD CITY-ST-ZU TITLE NAME STREET ADD CITY-ST-ZU TITLE NAME	Added Added A DRESS IP V115 IP I.100	to Foes DDITIONS/CHANGES	Departmen	t of State	<u>لم ا . ک ک</u> ۱۵ طddition
EET ADDRESS STREET ADDRESS ST-ZIP Delete It It It Delete It STREET ADDRESS ST-ZIP STREET ADDRESS ST-ZIP STREET ADDRESS ST-ZIP STREET ADDRESS ST-ZIP CITY-ST-ZIP E Delete It Delete TITLE CITY-ST-ZIP E Delete TITLE CITY-ST-ZIP It Delete It STREET ADDRESS ST-ZIP CITY-ST-ZIP It Delete It STREET ADDRESS ST-ZIP STREET ADDRESS ST-ZIP CITY-ST-ZIP It Itereby 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 change chaptered.	E HE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E EET ADDRESS	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	ution. 11. TITLE NAME STREET ADD CITY-ST-ZU TITLE NAME STREET ADD CITY-ST-ZU TITLE NAME STREET ADD CITY-ST-ZU	Added Added A DRESS P V115 IP IN0 DRESS A A A A A A A A A A A A A A A A A A	to Foes DDITIONS/CHANGES	Departmen	t of State	kl.25 N 10 ☐ Addition
E Indext Delete TITLE Change Addition AE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition E Indext Delete TITLE Indext Delete Change Addition KE Indext Delete TITLE Indext Delete Change Addition KE Indext Delete TITLE Indext Delete Change Addition KE Indext Delete Delete TITLE Indext Delete Addition KE Indext Delete TITLE Indext Delete Change Addition ME STREET ADDRESS CITY-ST-ZIP Indext Delete Indext Delete TITLE Indext Delete Addition NAME STREET ADDRESS CITY-ST-ZIP Indext Delete STREET ADDRESS CITY-ST-ZIP Indext Delete Indext Delete Indext Delete STREET ADDRESS CITY-ST-ZIP Indext Delete IndextDelete Indext Delete	LE AE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP E	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	11. TITLE NAME STREET ADD CITY-ST-ZI TITLE	Added Added A DRESS P V115 IP IN0 DRESS A A A A A A A A A A A A A A A A A A	to Foes DDITIONS/CHANGES	Departmen	t of State	kl.25 N 10 ☐ Addition
AE NAME EET ADDRESS STREET ADDRESS (-ST-ZIP CITY-ST-ZIP E Delete If LE Change Addition ME EET ADDRESS (-ST-ZIP) If Le If Le If Le If Le If Le If Le If Le If Le If Le If Le If Le If Le If Le	LE AE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP E E AE E AE	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	Ution. 11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME	Added	to Foes DDITIONS/CHANGES	Departmen	t of State	<u>61.25</u> <u>10</u> ☐ Addition ☐ Addition
EET ADDRESS STREET ADDRESS (-ST-ZIP CITY-ST-ZIP I.E. Delete AE TITLE RE STREET ADDRESS (-ST-ZIP) STREET ADDRESS	LE ME EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	Ution. 11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME	Added	to Foes DDITIONS/CHANGES	Departmen	t of State	\u03cm \u03cm □ Addition □ Addition
E Delete TITLE Change Addition AE NAME STREET ADDRESS CITY-ST-ZIP Change Addition 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.	LE ME EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	Ution. 11. TITLE NAME STREET ADL CITY-ST-ZI TITLE NAME STREET ADL CITY-ST-ZI TITLE NAME STREET ADL CITY-ST-ZI TITLE NAME	Added	to Foes DDITIONS/CHANGES	Departmen	t of State	الله المعالية معالية المعالية المعالية المعالية المعالية المعالية معالية معالي معاليمانية معاليم معاليمانية معاليم معاليمانية معاليمية
AE NAME STREET ADDRESS STREET ADDRESS f-ST-ZIP CITY-ST-ZIP 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.	LE ME EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE EET ADDRESS Y-ST-ZIP LE ME	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	Ution. 11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME	Added Added A DRESS IP DRES I	to Foes DDITIONS/CHANGES	Departmen	t of State	الله المعالية معالية المعالية المعالية المعالية المعالية المعالية معالية معالي معاليمانية معاليم معاليمانية معاليم معاليمانية معاليمية
EET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP 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.	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	Ution. 11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI	Added	to Foes DDITIONS/CHANGES	Departmen	t of State IRECTORS IN Change Change Change Change Change Change	IO Addition Addition Addition Addition Addition Addition Addition
. 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.	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	Ution. 11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME	Added	to Foes DDITIONS/CHANGES	Departmen	t of State IRECTORS IN Change Change Change Change Change Change	IO Addition Addition Addition Addition Addition Addition Addition
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.	LE ME LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET	RECTORS	Ution. 11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME	Added	to Foes DDITIONS/CHANGES	Departmen	t of State IRECTORS IN Change Change Change Change Change Change	IO Addition Addition Addition Addition Addition Addition Addition
	E AE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS	OFFICERS AND DIF SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET ORLANDO FL 32804	RECTORS	11. TITLE NAME STREET ADD CITY-ST-ZI	Added Added A DRESS IP DRES IP DRE IP DRE IP DRES IP DRES IP DRES IP DRE IP DRE IP DRE IP	TO FORS	Departmen	t of State IRECTORS IN Change S Change Change Change Change Change Change Change Change	IO Addition Addition Addition Addition Addition Addition Addition Addition Addition
IGNATURE: MARTING MARTIED 1/26/61	E E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E	OFFICERS AND DIF D SPEER, LYNNDA 8615 MITCHELL RANCH RD NEW PORT RICHEY FL PD MUNCE, ROBERT 7723 SAWGRASS PT DR PINELLAS PK FL 33782 TD MUNCE, G M 641 BRYN MAWR STREET ORLANDO FL 32804	RECTORS	ution. 11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD CITY-ST-ZI TITLE STREET ADD CITY-ST-ZI TITLE STREET ADD CITY-ST-ZI TITLE STREET ADD CITY-ST-ZI TITLE STREET ADD CITY-ST-ZI TITLE STREET ADD STREET ADD STREE	Added Added A DRESS IP DRESS IP DRESS P DRES P	to Fees DDITIONS/CHANGES	Departmen	t of State IRECTORS IN Change	IO Addition