

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90121 020 \*\*\*\*61.25

**DOCUMENT # N43449**

1. Entity Name

**THE RUTH MUNCE FOUNDATION, INC.**

Principal Place of Business 415 2ND STREET INDIAN ROCKS BEACH FL 34955 US	Mailing Address C/O G.M. MUNCE, CPA 641 BRYN MAWR STREET ORLANDO FL 32804 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 33785 Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3075055</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MUNCE, ROBERT L</b> 415 2ND STREET INDIAN ROCKS BEACH FL 33785	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPEER, LYNNDA</b> <b>8615 MITCHELL RANCH RD</b> <b>NEW PORT RICHEY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MUNCE, ROBERT</b> <b>415 2ND STREET</b> <b>PINELLAS PK FL 33782</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>INDIAN ROCKS BEACH FL 33785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MUNCE, G M</b> <b>641 BRYN MAWR STREET</b> <b>ORLANDO FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** SIGNATURE REQUIRED G M MUNCE 4/24/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)