

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90017 029 ****61.25

DOCUMENT # N50910

1. Entity Name

PARTNERS FOR HIGHWAY SAFETY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1920 THOMASVILLE RD.
SUITE #200
TALLAHASSEE FL 32303
US

1920 THOMASVILLE RD.
SUITE #200
TALLAHASSEE FL 32303
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

59-3156996

Applied For

Not Applicable

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

BURRIS, PAUL E
1920 THOMASVILLE, RD.
SUITE #200
TALLAHASSEE FL 32303

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 ☐ Delete
NAME **ED**
STREET ADDRESS **BURRIS, PAUL E**
CITY-ST-ZIP **1920 THOMASVILLE RD., SUITE 200**
TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME **CBOD**
STREET ADDRESS **VANTURE, CHARLES**
CITY-ST-ZIP **825 THOMASVILLE ROAD**
TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME **TBOD**
STREET ADDRESS **CAMERON, DIANA**
CITY-ST-ZIP **225 UNIVERSITY CTR., BLDG C-FSU**
TALLAHASSEE FL 32306

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

TITLE ☐ Delete
NAME **BOD**
STREET ADDRESS **LENARD, PEGGY**
CITY-ST-ZIP **SPARROW SPRING ROAD**
GASTONIA NC 28053

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

TITLE ☐ Delete
NAME **BOD**
STREET ADDRESS **MITCHELL, RICHARD SEN**
CITY-ST-ZIP **406 10TH AVENUE NW**
JASPER FL 32052

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

TITLE ☐ Delete
NAME **BOD**
STREET ADDRESS **ROCK, LILIA**
CITY-ST-ZIP **1861 LOG RIDGE**
TALLAHASSEE FL 32312

TITLE ☐ Change ☐ 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:

Paul E. Burris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 850 681-0800

CR2E037 (9/01)