

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50910

FILED  
Aug 04, 2003  
Secretary of State

**Entity Name:** PARTNERS FOR HIGHWAY SAFETY FOUNDATION, INC.

**Current Principal Place of Business:**

1920 THOMASVILLE, RD.  
SUITE #200  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

1920 THOMASVILLE, RD.  
SUITE #200  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

**FEI Number:** 59-3156996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: BURRIS, PAUL E  
Address: 1920 THOMASVILLE RD., SUITE 200  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: CBOD ( ) Delete  
Name: VANTURE, CHARLES  
Address: 825 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TBOD ( ) Delete  
Name: CAMERON, DIANA  
Address: 225 UNIVERSITY CTR., BLDG C-FSU  
City-St-Zip: TALLAHASSEE, FL 32306

Title: BOD ( ) Delete  
Name: LENARD, PEGGY  
Address: SPARROW SPRING ROAD  
City-St-Zip: GASTONIA, NC 28053

Title: BOD ( ) Delete  
Name: MITCHELL, RICHARD SEN  
Address: 406 10TH AVENUE NW  
City-St-Zip: JASPER, FL 32052

Title: BOD ( ) Delete  
Name: ROCK, LILIA  
Address: 1861 LOG RIDGE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BURRIS

ED

08/04/2003

Electronic Signature of Signing Officer or Director

Date

LESLIE WATERS BOD  
1920 THOMASVILLE RD #200  
TALLAHASSEE, FL 32303