

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

222520

**DOCUMENT # N93000003786**

1. Entity Name

**NATIONAL INSTITUTE OF ETHICS, INCORPORATED**

04-26-2001 90062 040 \*\*\*\*\*70.00

Principal Place of Business

1060 W. STATE RD 434  
STE. 164  
LONGWOOD FL 32750  
US

Mailing Address

1060 W. STATE RD 434  
STE. 164  
LONGWOOD FL 32750  
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

**59-3196787**

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

**TRAUTMAN, NEAL E**  
**1060 W. STATE RD 434 SUITE 164**  
**LONGWOOD FL 32750**

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	D	<input type="checkbox"/> Delete
NAME	TRAUTMAN, NEAL E	
STREET ADDRESS	135 E BAHAMA ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAUTMAN, B R	
STREET ADDRESS	135 E BAHAMA ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESTON, COVEY PH.D.	
STREET ADDRESS	118 BAYARD ST	
CITY-ST-ZIP	PITTSBURG PA 15213	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYNES, JAMES	
STREET ADDRESS	479 GRAN VIEW AVENUE	
CITY-ST-ZIP	RIDGEWOOD NY 11385	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOREST, FRANK PH.D.	
STREET ADDRESS	2828 N ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIOVINEO, GINA PH.D.RN	
STREET ADDRESS	7727 S.W. 11TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAUTMAN, P.H.D., NEALE, X	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA F. HUTTON, Esquire	
STREET ADDRESS	1717 UNIVERSITY AVE	
CITY-ST-ZIP	ST. PAUL, MN 55104	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN MALLORY, PH.D.	
STREET ADDRESS	UNIV Southern Mississ. pp;	
CITY-ST-ZIP	Liberty Arts Bldg. #407	
	HATTISBURG, MS 39406	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)