

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006757

1. Entity Name

NATIONAL HIGHWAY TRAFFIC SAFETY FOUNDATION, INC.

Principal Place of Business

Mailing Address

2400 NORTH BEACH ROAD, UNIT #12
ENGLEWOOD FL 34223

2400 NORTH BEACH ROAD, UNIT #12
ENGLEWOOD FL 34223-9106

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

65-0868152

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

LEE, JANICE
2400 NORTH BEACH ROAD, UNIT #12
ENGLEWOOD FL 34223

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 PD ☐ Delete
NAME LEE, JANICE
STREET ADDRESS 2400 N BCH RD
CITY-ST-ZIP ENGLE WOOD FL 34223

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

TITLE VP ☐ Delete
NAME KRUG, STEVE
STREET ADDRESS 2619 HIGH ST
CITY-ST-ZIP CONYER GA 30207

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

TITLE SD ☐ Delete
NAME VALENTINE, RICHARD J
STREET ADDRESS 135 WOOD RD
CITY-ST-ZIP BRAINTREE MA 02184

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

TITLE T ☐ Delete
NAME GRIFFEN, NICKOL B
STREET ADDRESS 927 BERGEN CRT
CITY-ST-ZIP BEL AIR MA 21014

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

TITLE TD ☐ Delete
NAME MANNING, JOHN
STREET ADDRESS PO BOX 13449
CITY-ST-ZIP DAYTON CH 45413

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

TITLE D ☐ Delete
NAME RESNICK, STEVEN
STREET ADDRESS 116 D CATHEDRAL ST
CITY-ST-ZIP ANNAPOLIS MA 21401

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 another like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90097 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)