

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006757

1. Entity Name

NATIONAL HIGHWAY TRAFFIC SAFETY FOUNDATION, INC.

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

02-26-2001 90502 002 \*\*\*\*61.25

0074837

Principal Place of Business

2400 NORTH BEACH ROAD, UNIT #12  
ENGLEWOOD FL 34223

Mailing Address

2400 NORTH BEACH ROAD, UNIT #12  
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0868152

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)