

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90065 004 ****61.25

DOCUMENT # N00000007085

1. Entity Name
THE BERNARD W. ROTHSCHILD FOUNDATION, INC.



Principal Place of Business
**101 S GULFSTREAM AVE, APT 10E
SARASOTA, FL 34236 US**

Mailing Address
**101 S GULFSTREAM AVE, APT 10E
SARASOTA, FL 34236 US**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1519 Bay Hill Circle

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34232-5901

Country

USA

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1049519

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROTHCHILD, BERNARD W
101 S GULFSTREAM AVE, APT 10E
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **ROBERT W. MURCHISON**

Street Address (P.O. Box Number is Not Acceptable)

1519 BAY HILL CIRCLE

City **SARASOTA**

FL

Zip Code

34232-5901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

ROBERT W. MURCHISON

(NOTE: Registered Agent signature required when reinstating)

2-15-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
ROTHSCHILD, BERNARD W
101 S GULFSTREAM AVE, APT 10E
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
MOSTOLLER, FERRIS E
101 S GULFSTREAM AVE, APT 10E
SARASOTA, FL 34236** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROTHSCHILD, NADINE
C/O VELOCE, 65 BAY 19
BROOKLYN, NY 112143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERT W. MURCHISON
1519 BAY HILL CIRCLE
SARASOTA FL 34232-5901** ☐ Change ☒ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert W. Murchison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08

Date

Daytime Phone #