

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90016 004 ****61.25

0066308

DOCUMENT # N97000000127

1. Entity Name

BRUCE WEBER NAN BUSH FOUNDATION, INC.

Principal Place of Business

**335 OCEAN BLVD
GOLDEN BEACH FL 33160**

Mailing Address

**LEVINE THALL PLOTKIN & MENIN LLP
1740 BROADWAY
NEW YORK NY 10019**

2. Principal Place of Business

3. Mailing Address

Levine Plotkin & Menin, LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1740 Broadway, 22nd Floor

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10019**U.S.A.**

4. FEI Number

31-1525332

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	DP	<input type="checkbox"/> Delete
NAME	BUSH, NAN	
STREET ADDRESS	335 OCEAN BLVD	
CITY-ST-ZIP	GOLDEN BCH FL 33160	

TITLE	DC	<input type="checkbox"/> Delete
NAME	WEBER, BRUCE	
STREET ADDRESS	335 OCEAN BLVD	
CITY-ST-ZIP	GOLDEN BCH FL 33160	

TITLE	DST	<input type="checkbox"/> Delete
NAME	PLOTKIN, LOREN H ESQ	
STREET ADDRESS	1740 BROADWAY 22ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019-4315	

TITLE		<input type="checkbox"/> Delete
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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**Loren H. Plotkin****1/8/01****212/245 6565**

CR2E037 (10/00)