## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2004 8:00 am Secretary of State DOCUMENT # N97000000127 1. Entity Name 04-20-2004 90018 013 \*\*\*\*61.25 BRUCE WEBER NAN BUSH FOUNDATION, INC. Principal Place of Business Mailing Address LEVINE THALL PLOTKIN & MENIN LLP 1740 BROADWAY 22ND FLOOR NEW YORK NY 10019 335 OCEAN BLVD Z4040000 **GOLDEN BEACH FL 33160** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 31-1525332 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DΡ TITLE Delete TITLE ☐ Change Addition BUSH, NAN NAME NAME 335 OCEAN BLVD STREET ADDRESS STREET ADDRESS **GOLDEN BEACH FL 33160** CITY-ST-ZIP CITY-ST-ZIP DC. TITLE ☐ Delete TITLE Change ☐ Addition WEBER, BRUCE NAME NAME 335 OCEAN BLVD STREET ADDRESS STREET ADDRESS **GOLDEN BEACH FL 33160** CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐:Change Addition PLOTKIN, LOREN HIESQ - -NAME NAME 1740 BROADWAY 22ND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-78 NEW YORK NY 10019-4315 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT

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 receiper 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

with an address, with all other like empowered.

changed, or on an attachn