

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90232 013 \*\*\*\*61.25

DOCUMENT # N97000000127

1. Entity Name

BRUCE WEBER NAN BUSH FOUNDATION, INC.



Principal Place of Business

335 OCEAN BLVD  
GOLDEN BEACH FL 33160

Mailing Address

*Note Change*  
LEVINE THALL PLOTKIN & MENIN LLP  
1740 BROADWAY 22ND FLOOR  
NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address

*335 OCEAN BLVD.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*GOLDEN BEACH, FL.*

Zip

Country

*33160*

Country

4. FEI Number

31-1525332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. 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**  
**Due By May 1, 2005**

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 DP ☐ Delete  
NAME BUSH, NAN  
STREET ADDRESS 335 OCEAN BLVD  
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE DC ☐ Delete  
NAME WEBER, BRUCE  
STREET ADDRESS 335 OCEAN BLVD  
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE DST ☒ Delete  
NAME PLOTKIN, LOREN H ESO  
STREET ADDRESS 1740 BROADWAY 22ND FLOOR  
CITY-ST-ZIP NEW YORK NY 10019-4315

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #