

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002369

1. Entity Name

THE HARRIET AND THEODORE OXMAN FOUNDATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90013 011 \*\*\*\*61.25

Principal Place of Business

888 BLVD. OF THE ARTS  
APT. 1801-2  
SARASOTA FL 34236

Mailing Address

888 BLVD. OF THE ARTS  
APT. 1801-2  
SARASOTA FL 34236-4871

00003740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Theodore Oxman*  
7779 Alister Mackenzie Dr.  
Sarasota, FL 34240



Mr. & Mrs. Theodore Oxman  
7779 Alister MacKenzie Dr.  
Sarasota, FL 34240

4. FEI Number

65-0412800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OXMAN, THEODORE  
888 BLVD. OF THE ARTS  
APT. 1801-2  
SARASOTA FL 34236



Theodore Oxman  
7779 Alister Mackenzie Dr.  
Sarasota, FL 34240

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

*Theodore Oxman* President

1-10-2000

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	DPT	<input type="checkbox"/> Delete
NAME	OXMAN, THEODORE	
STREET ADDRESS	888 BLVD. OF THE ARTS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	OXMAN, HARRIET	
STREET ADDRESS	888 BLVD. OF THE ARTS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAND, DAVID S	
STREET ADDRESS	240 S. PINEAPPLE AVE., 10TH FLOOR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Theodore Oxman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE OXMAN 1/10/2000

941 371-1323

Date

Daytime Phone #

CR2E037 (9/99)