

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002369**

1. Entity Name

THE HARRIET AND THEODORE OXMAN FOUNDATION, INC.**FILED****Jan 24, 2002 8:00 am**
Secretary of State

01-24-2002 90370 019 ****61.25

Principal Place of Business

Mailing Address

THEODORE OXMAN
7779 ALISTER MACKENZIE DR
SARASOTA FL 34240
US**MR. & MRS. THEODORE OXMAN**
7779 ALISTER MACKENZIE DR
SARASOTA FL 34240
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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** ☐ Delete
NAME **OXMAN, THEODORE**
STREET ADDRESS **7779 ALISTER MACKENZIE DR**
CITY-ST-ZIP **SARASOTA FL 34240**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVS** ☐ Delete
NAME **OXMAN, HARRIET**
STREET ADDRESS **7779 ALISTER MACKENZIE DR**
CITY-ST-ZIP **SARASOTA FL 34240**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BAND, DAVID S**
STREET ADDRESS **240 S. PINEAPPLE AVE., 10TH FLOOR**
CITY-ST-ZIP **SARASOTA FL 34236**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

THEODORE OXMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/02

Daytime Phone #

941 371-1323

CP2E037 (9/01)