


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

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90088 007 ****70.00

DOCUMENT # N53000002369	
1. Entity Name THE HARRIET AND THEODORE OXMAN FOUNDATION, INC.	

Principal Place of Business THEODORE OXMAN 7779 ALISTER MACKENZIE DR SARASOTA FL 34240 US	Mailing Address MR. & MRS. THEODORE OXMAN 7779 ALISTER MACKENZIE DR SARASOTA FL 34240 US
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34002244



MOORE CR2E037 (11/03)

2. Principal Place of Business 340 S. PALM AVE Suite, Apt. #, etc. #15	3. Mailing Address 340 S. PALM AVE Suite, Apt. #, etc. #15
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34236	Country USA

4. FEI Number 65-0412800	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OXMAN, THEODORE 7779 ALISTER MACKENZIE DR SARASOTA FL 34240 340 S Palm Ave Apt 15 Sarasota, FL 34236-6723	
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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 <u>THEODORE OXMAN</u>	DATE <u>1-26-04</u>

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 DPT	<input type="checkbox"/> Delete
NAME OXMAN, THEODORE	
STREET ADDRESS 340 S Palm Ave. APT 15	
CITY-ST-ZIP Sarasota, FL 34236-6723	
TITLE DVS	<input type="checkbox"/> Delete
NAME OXMAN, HARRIET	
STREET ADDRESS 340 S Palm Ave APT 15	
CITY-ST-ZIP Sarasota, FL 34236-6723	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
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 **THEODORE OXMAN** **1-26-04** **941 955-3900**