

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09103

1. Entity Name

AMERICAN NATURAL HYGIENE SOCIETY, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90117 014 ****61.25

Principal Place of Business

Mailing Address

11816 RACE TRACK RD.
 TAMPA FL 33626

PO BOX 30630
 TAMPA FL 33630-3630
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2692857

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHULTZ, GREGORY G.
 132 10TH AVE N
 STE 102
 SAFETY HARBOR FL 34695

Name Bryan A. Kutchins

Street Address (P.O. Box Number is Not Acceptable)

3974 Tampa Rd, Suite A

City OLDSMAR

FL

Zip Code 34677

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 Bryan A. Kutchins

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-27-00

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 P Delete
 NAME HUBERMAN, MARK
 STREET ADDRESS 4620 EUCLID BLVD
 CITY-ST-ZIP YOUNGSTOWN OH 44512

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE M Delete
 NAME LENNON, JAMES, M
 STREET ADDRESS 11816 RACE TRACK RD
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME EPSTEIN, MARK
 STREET ADDRESS 1601 W SCHOOL ST UNIT 203
 CITY-ST-ZIP CHICAGO IL 60657

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

TITLE T Delete
 NAME BROSIUS, DOROTHY
 STREET ADDRESS 18209 GULF BLVD.
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE D Change Addition
 NAME Elaine Schuler
 STREET ADDRESS 1218 Cambridge St., #4
 CITY-ST-ZIP Cambridge, MA 02139

TITLE D Delete
 NAME OSWALD, JEAN
 STREET ADDRESS 11815 W SOMERSET DR
 CITY-ST-ZIP FRANKLIN WI 53132

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME REGAN, DANIEL
 STREET ADDRESS 29 WOODLAND RD
 CITY-ST-ZIP NEW CITY NY 10956

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: James Michael Lennon James Michael Lennon 1/27/00 (813) 955-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)