

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

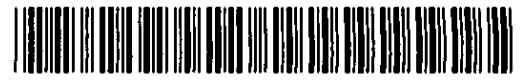
05-04-2001 90082 039 \*\*\*\*61.25

**DOCUMENT # P09103**

1. Entity Name  
**AMERICAN NATURAL HYGIENE SOCIETY, INC.**

Principal Place of Business  
**11816 RACE TRACK RD.  
 TAMPA FL 33626**

Mailing Address  
**PO BOX 30630  
 TAMPA FL 33630  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **36-2692857**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KUTCHINS, BRYAN A  
 3974 TAMPA RD  
 SUITE A  
 OLDSMAR FL 34677**

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.

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**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUBERMAN, MARK</b>		NAME	<b>Mark Epstein</b>	
STREET ADDRESS	<b>4620 EUCLID BLVD</b>		STREET ADDRESS	<b>1601 W. School St., Unit 203</b>	
CITY-ST-ZIP	<b>YOUNGSTOWN OH 44512</b>		CITY-ST-ZIP	<b>Chicago, IL 60657</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LENNON, JAMES, M</b>		NAME	<b>Timothy J. Duszynski</b>	
STREET ADDRESS	<b>11816 RACE TRACK RD</b>		STREET ADDRESS	<b>11816 Race Track Road</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>		CITY-ST-ZIP	<b>Tampa, FL 33626</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EPSTEIN, MARK</b>		NAME	<b>Lauren Rosenstadt</b>	
STREET ADDRESS	<b>1601 W SCHOOL ST UNIT 203</b>		STREET ADDRESS	<b>9213 Farnsworth Dr.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60657</b>		CITY-ST-ZIP	<b>Potomac, MD 20854</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHULER, ELAINE</b>		NAME	<b>Jeff Novick</b>	
STREET ADDRESS	<b>1218 CAMBRIDGE ST # 4</b>		STREET ADDRESS	<b>740 W. 51st St.</b>	
CITY-ST-ZIP	<b>CAMBRIDGE MA 02139</b>		CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OSWALD, JEAN</b>		NAME	<b>Barbara Kennedy</b>	
STREET ADDRESS	<b>11815 W SOMERSET DR</b>		STREET ADDRESS	<b>1535 N. Taylor St.</b>	
CITY-ST-ZIP	<b>FRANKLIN WI 53132</b>		CITY-ST-ZIP	<b>Arlington, VA 22207</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REGAN, DANIEL</b>		NAME	<b>Pamela Gerry</b>	
STREET ADDRESS	<b>29 WOODLAND RD</b>		STREET ADDRESS	<b>178 Elm St.</b>	
CITY-ST-ZIP	<b>NEW CITY NY 10956</b>		CITY-ST-ZIP	<b>Springvale, ME 04083</b>	

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:** *Timothy J. Duszynski* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **04-24-01** Daytime Phone #: **813-852-407**

CR2E037 (10/00)