

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

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

36-2692857

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

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

1-24-00

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	P	<input type="checkbox"/> Delete
NAME	HUBERMAN, MARK	
STREET ADDRESS	4620 EUCLID BLVD	
CITY-ST-ZIP	YOUNGSTOWN OH 44512	
TITLE	M	<input type="checkbox"/> Delete
NAME	LENNON, JAMES, M	
STREET ADDRESS	11816 RACE TRACK RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPSTEIN, MARK	
STREET ADDRESS	1601 W SCHOOL ST UNIT 203	
CITY-ST-ZIP	CHICAGO IL 60657	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROSIOUS, DOROTHY	
STREET ADDRESS	18209 GULF BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSWALD, JEAN	
STREET ADDRESS	11815 W SOMERSET DR	
CITY-ST-ZIP	FRANKLIN WI 53132	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGAN, DANIEL	
STREET ADDRESS	29 WOODLAND RD	
CITY-ST-ZIP	NEW CITY NY 10956	

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elaine Schuler	
STREET ADDRESS	1218 Cambridge St., #4	
CITY-ST-ZIP	Cambridge, MA 02139	
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:

James Michael Lennon 1/24/00 (813) 855-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)