

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P09103**

1. Entity Name

**AMERICAN NATURAL HYGIENE SOCIETY, INC.**

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

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 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** 1/24/00 (813) 855-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)