

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49719

1. Entity Name

ENVIRONMENTAL HEALTH FOUNDATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90044 047 ****61.25

Principal Place of Business

Mailing Address

4161 N CAMINO DEL CELADOR
TUCSON AZ 85718
US

P.O. BOX 65768
TUCSON AZ 85728-5768
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4161 N. CAMINO DEL CELADOR
Suite, Apt. #, etc.

P.O. Box 65768
Suite, Apt. #, etc.

City & State

City & State

TUCSON, AZ

TUCSON, AZ.

4. FEI Number

65-0343549

Applied For

Not Applicable

Zip

Country

Zip

Country

85718

USA

85728

USA

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

HECHTMAN, BARRY
8100 SW 81 DR.
SUITE 210
MIAMI FL 33143

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 ☐ Delete
NAME C
STREET ADDRESS BELL, ALAN
CITY-ST-ZIP 4161 N. CAMINO DEL CELADOR
TUCSON AZ 85718

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BELL, VIVIAN
CITY-ST-ZIP 3745 NE 171 ST
NORTH MIAMI BEACH FL 33160

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

TITLE ☐ Delete
NAME ED
STREET ADDRESS SCHWERIN, JOAN
CITY-ST-ZIP 4161 N CAMINO DEL CELADOR
TUCSON AZ 85718

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

TITLE ☐ Delete
NAME T
STREET ADDRESS HECHTMAN, BARRY
CITY-ST-ZIP 8900 SW 107 AVE, SUITE 301
MIAMI FL 33176

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

520-907-0927
Daytime Phone #

CR2E037 (9/99)