

# 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**KUTCHINS, BRYAN A  
3974 TAMPA RD  
SUITE A  
OLDSMAR FL 34677**

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

TITLE **P** ☒ Change ☐ Addition  
NAME **Mark Epstein**  
STREET ADDRESS **1601 W. School St., Unit 203**  
CITY-ST-ZIP **Chicago, IL 60657**

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

TITLE **M** ☐ Change ☒ Addition  
NAME **Timothy J. Duszynski**  
STREET ADDRESS **11816 Race Track Road**  
CITY-ST-ZIP **Tampa, FL 33626**

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

TITLE **T** ☐ Change ☒ Addition  
NAME **Lauren Rosenstadt**  
STREET ADDRESS **9213 Farnsworth Dr.**  
CITY-ST-ZIP **Potomac, MD 20854**

TITLE **D** ☒ Delete  
NAME **SCHULER, ELAINE**  
STREET ADDRESS **1218 CAMBRIDGE ST # 4**  
CITY-ST-ZIP **CAMBRIDGE MA 02139**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jeff Novick**  
STREET ADDRESS **740 W. 51st St.**  
CITY-ST-ZIP **Miami Beach, FL 33140**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Barbara Kennedy**  
STREET ADDRESS **1535 N. Taylor St.**  
CITY-ST-ZIP **Arlington, VA 22207**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Pamela Gerry**  
STREET ADDRESS **178 Elm St.**  
CITY-ST-ZIP **Springvale, ME 04083**

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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)