

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90314 047 ****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

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	P EPSTEIN, MARK 1601 W. SCHOOL ST., UNIT 203 CHICAGO IL 60657	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DUSZYNSKI, TIMOTHY J 11816 RACE TRACK RD TAMPA FL 33626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENSTADT, LAUREN 9213 FARNSWORTH DR POTOMAC MD 20854	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, BARBARA 1535 N. TAYLOR ST ARLINGTON VA 22207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVICK, JEAN 740 W. 51ST ST MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERRY, PAMELA 178 ELM ST SPRINGVALE ME 04083	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
M Grudnik, Linda 11816 Race Track Rd Tampa, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T Mark Huberman 4620 Euclid Blvd. Youngstown, OH 44512	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V Novick, Jeff	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S Elaine Schuler 8506 Springvale Rd Silver Spring, MD 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Grudnik
4/26/02 813-855-6607

Date

Daytime Phone #

CR2E037 (9/01)