

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90003 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N39401**  
 1. Entity Name  
**THE INTERNATIONAL IGUANA SOCIETY, INC.**

Principal Place of Business      Mailing Address  
 RT. 3, BOX 328      PO BOX 366188  
 BIG PINE KEY FL 33043      BONITA SPRINGS FL 34136-6188  
 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65-0214222**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**

**BURNAMAN, ROSS**  
**1447 S. GADSDEN ST.**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	WASTLEWSKI, JOSEPH	
STREET ADDRESS	24305 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EHRIG, ROBERT	
STREET ADDRESS	RT 3 BOX 328	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTMAN, A J	
STREET ADDRESS	133 STEELE RD	
CITY-ST-ZIP	W HARTFORD CT 06119	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIPCA, MICHAEL E	
STREET ADDRESS	453 EDMONDS AVE	
CITY-ST-ZIP	DREXEL HILL PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAPP, CHUCK	
STREET ADDRESS	716 SW 16TH AVE #305	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FUHRI JR, CARL W	
STREET ADDRESS	24576 AMARILLO STREET	
CITY-ST-ZIP	BONITA SPRINGS FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		<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		<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:** *(Signature)*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **4/2/00**      **941-732-3774**  
Daytime Phone #

CR2E037 (9/99)