

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90027 016 \*\*\*\*61.25

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**DOCUMENT # N39401**

1. Entity Name

**THE INTERNATIONAL IGUANA SOCIETY, INC.**

Principal Place of Business

Mailing Address

RT. 3, BOX 328  
 BIG PINE KEY FL 33043

PO BOX 366188  
 BONITA SPRINGS FL 34136  
 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

**65-0214222**

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

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

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D JOHN BINNS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3010 MAGNUM DR.	
CITY-ST-ZIP	SAN JOSE, CA. 93135	
TITLE NAME	D DR. ROBERT POWELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2725 S 28TH ST COURT	
CITY-ST-ZIP	INDEPENDENCE, MO. 64055	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4/13/02 239-992-5679  
 Date Daytime Phone #

CR2E037 (9/01)