

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004765

1. Entity Name

IGLOO ACADEMY. INC.

Principal Place of Business

5309 29TH STREET EAST
ELLENTON FL 34222-4116

Mailing Address

5309 29TH STREET EAST
ELLENTON FL 34222-4116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEI Number

65-1024896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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
After September 12, 2001, min. will be \$236.25

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
NAME PEREZ, MARGARET
STREET ADDRESS 5309 29TH STREET EAST
CITY-ST-ZIP ELLENTON FL 34222-4116 ☐ Delete

TITLE TD
NAME LEITCH, KERRY
STREET ADDRESS 5309 29TH STREET EAST
CITY-ST-ZIP ELLENTON FL 34222-4116 ☐ Delete

TITLE SD
NAME MURPHY, TIA M
STREET ADDRESS 5309 29TH STREET EAST
CITY-ST-ZIP ELLENTON FL 34222-4116 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME Margaret Humann ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Margaret Humann*

9/5/01

FILED
Sep 10, 2001 8:00 am
Secretary of State

05-11-2001 90006 009 ****61.25

09-10-2001 90044 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)