

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004765

1. Entity Name

IGLOO ACADEMY. INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90204 037 *****70.00

0085807

Principal Place of Business

Mailing Address

5309 29TH STREET EAST
ELLENTON FL 34222-4116

5309 29TH STREET EAST
ELLENTON FL 34222-4116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1024896

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE PD
NAME HUSMANN, MARGARET ☒ Change ☐ Addition
STREET ADDRESS 5309 29th Street East
CITY-ST-ZIP Ellementon, FL 34222-4116

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 Husmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

319-02 941-723-3663

Date

Daytime Phone #

CR2E037 (9/01)