

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39401

1. Entity Name

THE INTERNATIONAL IGUANA SOCIETY, INC.

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

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

Principal Place of Business

Mailing Address

RT. 3, BOX 328  
BIG PINE KEY FL 33043

PO BOX 366188  
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

65-0214222

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

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 PD  
NAME WASTLEWSKI, JOSEPH  
STREET ADDRESS 24305 SW 142 AVE  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE VD  
NAME EHRIG, ROBERT  
STREET ADDRESS RT 3 BOX 328  
CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Delete

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

TITLE D  
NAME GUTMAN, A J  
STREET ADDRESS 133 STEELE RD  
CITY-ST-ZIP W HARTFORD CT 06119 ☐ Delete

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

TITLE D  
NAME RIPCA, MICHAEL E  
STREET ADDRESS 453 EDMONDS AVE  
CITY-ST-ZIP DREXEL HILL PA ☐ Delete

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

TITLE D  
NAME KNAPP, CHUCK  
STREET ADDRESS 716 SW 16TH AVE #305  
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Delete

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

TITLE TD  
NAME FUHRI JR, CARL W  
STREET ADDRESS 24576 AMARILLO STREET  
CITY-ST-ZIP BONITA SPRINGS FL ☐ Delete

TITLE  
NAME ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00

941-732-3774

CR2E037 (9/99)