

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39401

1. Entity Name

THE INTERNATIONAL IGUANA SOCIETY, INC.

Principal Place of Business

RT. 3, BOX 328
BIG PINE KEY FL 33043

Mailing Address

PO BOX 366188
BONITA SPRINGS FL 34136
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90013 031 ****61.25

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0214222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)

1/21/01 941-992-5679

Date

Daytime Phone #