

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000048665

1. Entity Name
 IGUANA MIA OF FT. MYERS, INC.

Principal Place of Business 4329 CLEVELAND AVE #521 FT MYERS 33901	Mailing Address 4411 CLEVELAND AVE FT MYERS 33901
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0590170	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

GARGANO ANTHONY J
 2075 W FIRST ST
 STE 203
 FT MYERS FL
 33901 US

7. Name and Address of New Registered Agent

Name
SIMEONE RICHARD J

Street Address (P.O. Box Number is Not Acceptable)
4411 CLEVELAND AVENUE

City
FT MYERS FL

Zip Code
33901

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 **RICHARD J. SIMEONE**

04/19/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	BRAWNER TERRY		
STREET ADDRESS	4411 CLEVELAND AVENUE		
CITY-ST-ZIP	FT MYERS FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	PRIETO JULIAN		
STREET ADDRESS	4411 CLEVELAND AVENUE		
CITY-ST-ZIP	FT MYERS FL		
TITLE	STD	<input type="checkbox"/> Delete	
NAME	LYNCH PAUL		
STREET ADDRESS	4411 CLEVELAND AVENUE		
CITY-ST-ZIP	FT MYERS FL		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	ATHERTON DIRK		
STREET ADDRESS	4411 CLEVELAND AVE		
CITY-ST-ZIP	FT MYERS FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	LAGESCHULTE DAVID L		
STREET ADDRESS	4411 CLEVELAND AVE		
CITY-ST-ZIP	FT MYERS FL 33901		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAWNER TERRY		
STREET ADDRESS	4411 CLEVELAND AVENUE		
CITY-ST-ZIP	FT MYERS FL 33901		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRIETO JULIAN		
STREET ADDRESS	4411 CLEVELAND AVENUE		
CITY-ST-ZIP	FT MYERS FL 33901		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH PAUL		
STREET ADDRESS	4411 CLEVELAND AVENUE		
CITY-ST-ZIP	FT MYERS FL 33901		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul W. Lynch**

T **04/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)