

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 19, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000068829**

1. Entity Name  
 IGUANA MIA OF BONITA SPRINGS, INC.

Principal Place of Business  
 28051 SOUTH TAMIAMI TRAIL  
 BONITA SPRINGS FL 34135 US

Mailing Address  
 4411 CLEVELAND AVE  
 FORT MYERS FL 33901

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0885634**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SIMEONE RICHARD J  
 436 S ANDREWS AVE  
 FORT MEYERS FL 33301 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 \_\_\_\_\_ DATE **04/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME PRIETO JULIAN STREET ADDRESS 4411 CLEVELAND AVENUE CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE DP NAME ATHERTON MICHAEL D STREET ADDRESS 4411 CLEVELAND AVE CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE DST NAME LYNCH PAUL STREET ADDRESS 4411 CLEVELAND AVE CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE D NAME LAGESCHULTE DAVID L STREET ADDRESS 4411 CLEVELAND AVE CITY-ST-ZIP FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date **04/19/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)