

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047862

1. Entity Name

MANGO DEVELOPMENT GROUP, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90130 024 ***150.00

Principal Place of Business P.O. BOX 728 SARASOTA FL 34230 US	Mailing Address P O BOX 728 SARASOTA FL 34230-0728 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0501958	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCURDY, JEFFREY
 2 NORTH TAMIAMI TRAIL
 SUITE 410
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1924 S Osprey Ave.
 Suite 200
 City
 Sarasota FL Zip Code
 34239

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 _____

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIFFIN, WILLIAM D 2 NORTH TAMIAMI TRAIL, STE 410 SARASOTA FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1924 S. Osprey Ave. Suite 200 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCURDY, JEFFREY 2 NORTH TAMIAMI TRAIL, STE 410 SARASOTA FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1924 S. Osprey Ave. Suite 200 Sarasota, FL 34239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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

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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

94-366800

CR2E034 (9/99)