

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58782

1. Entity Name

THE MANGO TREE RESTAURANT INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90147 009 ***550.00

Principal Place of Business

Mailing Address

118 NORTH ATLANTIC AVENUE
 COCOA BEACH FL 32931

118 NORTH ATLANTIC AVENUE
 COCOA BEACH FL 32931-2960

2. Principal Place of Business

118 N. ATLANTIC AVENUE

3. Mailing Address

118 N. ATLANTIC AVENUE

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

COCOA BEACH, FLORIDA

City & State

COCOA BEACH, FLORIDA

Zip

32931

Country

USA

Zip

32931

Country

USA

4. FEI Number

59-2338134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRICE, ROBERT
 118 N. ATLANTIC AVE
 COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

BETTY A. PRICE

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

118 N. ATLANTIC AVENUE #203

City

COCOA BEACH

FL

Zip Code

32931

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

TITLE ☐ Delete

PD
 PRICE, ROBERT
 118 N. ATLANTIC AVE
 COCOA BEACH FL

TITLE ☐ Delete

STD
 PRICE, BETTY
 118 N. ATLANTIC AVE
 COCOA BEACH FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

2646 18TH AVENUE
 SAN FRANCISCO, CA 94116-3007

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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

Sep 9, 2000 912-516-3510

Date

Daytime Phone #

CR2E034 (9/99)