

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39676

1. Entity Name

MANGO FESTIVAL INC.

Principal Place of Business

P.O. BOX 841
DEERFIELD BEACH FL 33443

Mailing Address

P.O. BOX 841
DEERFIELD BEACH FL 33443-0841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0225080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATT, ANDREW A
495 NW 3 TERR
DEERFIELD BCH FL 33441

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPT	<input type="checkbox"/> Delete
NAME	GOMBS, NEVILLE	
STREET ADDRESS	1331 SOUTHWEST 10TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	P	<input type="checkbox"/> Delete
NAME	PRATT, ANDREW A SR	
STREET ADDRESS	495 N.W. THIRD TERR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUTLER, FRANCINA S	
STREET ADDRESS	510 SOUTHWEST 11TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, JULIA	
STREET ADDRESS	297 NORTHWEST 1ST AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	CMT	<input type="checkbox"/> Delete
NAME	KITT, SHARON	
STREET ADDRESS	254 SOUTHWEST 2ND STREET	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	CT	<input type="checkbox"/> Delete
NAME	WESTELY, HAROLD	
STREET ADDRESS	1061 SOUTHWEST 8TH AVENUE	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 *Andrew A. Pratt, Sr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90131 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)