DOCUMENT # N39676

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
1. Entity Nar				Sep 14, 2001 8:00 Secretary of Sta				
MANGO	D FESTIVAL INC.		/ (09	-14-2001 90007 03	7 ****61.	25	
Principal Plac	ce of Business	Mailing Address	`					
P.O. BOX 841 DEERFIELD BEACH FL 33443		P.O. BOX 841 DEERFIELD BEACH FL 33443		oan10609				
		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Sta	· · ·	City & State		4. FEI Number 65	-0225080 See a		plied For t Applicable	
Zip <u>.•</u>	Country	Zip	Country	5. Certificate of Stat	Par Desired	8.75 Add ee Required		
	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Addre	ss of New Registered A	gent		-
PRATT, A 495 NW	ANDREW A			ess (P.O. Box Number is No	t Acceptable)			
	LD BCH FL 33441		City		FL	Zip Code)	-
8. The above	e named entity submits this statement for the	ne purpose of changing its re	egistered office or regi	istered agent, or both, in th				1
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature req	quired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25		· ·	9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Department of State			
10.	OFFICERS AND DIREC	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	ECTORS IN	10	-
TITLE	VPT	☐ Delete	TITLE			☐ Change	Addition	5/01)
NAME STREET ADDRESS CITY-ST-ZIP	GOMBS, NEVILLE 1331 SOUTHWEST 10TH TERRACI DEERFIELD BEACH FL 33441	E	NAME STREET ADDRESS CITY-ST-ZIP					CR2E037 (5/
TITLE NAME	PRATT, ANDREW A SR	☐ Delete	TITLE NAME			☐ Change	☐ Addition	器
STREET ADDRESS CITY-ST-ZIP	495 N.W. THIRD TERR. DEERFIELD BEACH FL 33441		STREET ADDRESS CITY-ST-ZIP					
TITLE Name	BUTLER, FRANCINA S	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	510 SOUTHWEST 11TH STREET DEERFIELD BEACH FL 33441		STREET ADORESS CITY-ST-ZIP					
TITLE NAME	S WRIGHT, JULIA	☐ Delete	TITLE NAME			Change	Addition	1
STREET ADDRESS CITY-ST-ZIP	297 NORTHWEST 1ST AVE DEERFIELD BEACH FL 33441		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	CMT KITT, SHARON	☐ Delete	TITLE			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	254 SOUTHWEST 2ND STREET DEERFIELD BCH FL 33441		NAME Street Address : City-St-Zip					
TITLE NAME	CT Westely, Harold	☐ Delete	TITLE NAME		[Change	Addition	
STREET ADDRESS	1061 SOUTHWEST 8TH AVENUE		STREET ADDRESS					

12. 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 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.

CITY-ST-ZIP

DEERFIELD BCH FL 33441

954-575-4242