

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	Mailing Address
P.O. BOX 728 SARASOTA FL 34230 US	P O BOX 728 SARASOTA FL 34230-0728 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0501958	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, WILLIAM D	NAME	
STREET ADDRESS	2 NORTH TAMiami TRAIL, STE 410	STREET ADDRESS	1924 S. Osprey Ave. Suite 200
CITY-ST-ZIP	SARASOTA FL 34236	CITY-ST-ZIP	Sarasota, FL 34239
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY, JEFFREY	NAME	
STREET ADDRESS	2 NORTH TAMiami TRAIL, STE 410	STREET ADDRESS	1924 S. Osprey Ave. Suite 200
CITY-ST-ZIP	SARASOTA FL 34236	CITY-ST-ZIP	Sarasota, FL 34239
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)