

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047862

1. Entity Name

MANGO DEVELOPMENT GROUP, INC.

Now

Principal Place of Business

P.O. BOX 1329
SARASOTA FL 34230
US

Mailing Address

P.O. BOX 1329
SARASOTA FL 34230
US

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

65-0501958

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

MCCURDY, JEFFREY

1924 S OSPREY AVENUE, SUITE 200
SARASOTA FL 34239

Name

W. Lee McGinness

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

1800 Second Street

Suite 971

City

Sarasota

FL

Zip Code

34236

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 re-issuing)

DATE

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, 2002 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 PTD ☐ Delete
NAME GRIFFIN, WILLIAM D
STREET ADDRESS 1924 S OSPREY AVENUE, SUITE 200
CITY-ST-ZIP SARASOTA FL 34239

TITLE VS ☐ Change ☒ Addition
NAME Randal D. Salser
STREET ADDRESS 1924 S. Osprey Ave. Suite 200
CITY-ST-ZIP Sarasota, FL 34239

TITLE VS ☒ Delete
NAME MCCURDY, JEFFREY
STREET ADDRESS 1924 S OSPREY AVENUE, SUITE 200
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Randy Soler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91340 047 ***150.00



DO NOT WRITE IN THIS SPACE