

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **P96000056339**

1. Entity Name

MANGO ISLAND CAFE, INC.

00 JUN -8 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

533 Rum Road  
North Captiva Island Fl

17274 San Carlos Blvd.  
Ste 202  
Ft. Myers Beach Fl 33931-5321

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

65-0677252

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALLAS, EDWARD  
17274 SAN CARLOS BLVD., STE 202  
FT. MYERS BEACH FL 33931

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



FILE MONTHLY FEES \$150.00  
After MAY 1, 2000 Fees will be \$250.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P  
GARY T. IANNELLI  
24769 GOLD CREST DR  
BONITA SPRINGS FL 34134



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



V  
IANNELLI, VICKIE L  
24769 GOLD CREST DR  
BONITA SPRINGS FL 34134



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



D  
IANNELLI, KRISTY A  
24769 GOLD CREST DR  
BONITA SPRINGS FL 34134



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



TITLE  
NAME  
STREET ADDRESS  
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NAME  
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TITLE  
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:

*Gary T. Iannelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/06/00

(941) 952-1500

CR2E034 (9/99)