

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000691

1. Entity Name
DOONER FAMILY EQUITIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 25 PM 1:33

Principal Place of Business
1010 5TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102

Mailing Address
P.O. BOX 7369
NAPLES FL 34101-7369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0597596		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOONER, ANTON E
1010 5TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,258,627.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000029954 DOONER MANAGEMENT, INC. 1010 5TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102	STREET ADDRESS CITY - ST - ZIP	000003266990--5 05/25/00 01083 001 ****526.25 ****526.25
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Dooner Management, Inc., G.P.*
SIGNATURE REQUIRED *R. Lat E. Declin* **4/30/00** **941-2636864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #