

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 JUN -4 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014940 AT

**DOCUMENT # A95000000691**

1. Entity Name  
**DOONER FAMILY EQUITIES, LTD.**

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

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



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0597596**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Eugene C. Dooner**

Street Address (P.O. Box Number is Not Acceptable)  
**5386 Sycamore Drive**

City  
**Naples, FL** Zip Code  
**34119**

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 *Eugene C. Dooner* **Eugene C. Dooner, President** DATE \_\_\_\_\_

Signature, type or printed name of registered agent and title if applicable.

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	
DOCUMENT #	<b>P95000029954</b>
NAME	<b>DOONER MANAGEMENT, INC.</b>
STREET ADDRESS	<b>1010 5TH AVENUE SOUTH, SUITE 300</b>
CITY-ST-ZIP	<b>NAPLES FL 34102</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300005695683--9</b>
CITY-ST-ZIP	<b>-05/07/02--01008--009 ***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Eugene C. Dooner* **SIGNATURE REQUIRED** **4/29/02 (239) 643-4271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)