

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90087 003 ***150.00

DOCUMENT # P95000029954

1. Entity Name
DOONER MANAGEMENT, INC.

Principal Place of Business

1010 FIFTH AVE S
 SUITE 300
 NAPLES FL 34102
 US

Mailing Address

1010 FIFTH AVE S
 SUITE 300
 NAPLES FL 34102
 US

C0053748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0596482**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DOONER, EUGENE C
1010 FIFTH AVE S
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 _____
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 NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONER, EUGENE C.	NAME	
STREET ADDRESS	1023 GRAYTON RD.	STREET ADDRESS	5386 Sycamore Drive
CITY-ST-ZIP	NAPLES FL-33940	CITY-ST-ZIP	34116
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONER, ANTON E.	NAME	
STREET ADDRESS	1010 FIFTH AVE. SOUTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL-33940	CITY-ST-ZIP	34102
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, ROBERT E.	NAME	
STREET ADDRESS	600 NEAPOLITAN WAY, APT. 258	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	CITY-ST-ZIP	34102
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONER, JOAN E	NAME	
STREET ADDRESS	P.O. BOX 7969	STREET ADDRESS	6815 Gladys Street
CITY-ST-ZIP	NAPLES FL-34101	CITY-ST-ZIP	OtterRock, OR 97369
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, NANCY DOONER	NAME	
STREET ADDRESS	302 RIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	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: Anton E. Dooner **Anton E. Dooner** 941-643-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)