

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029954

1. Entity Name
DOONER MANAGEMENT, INC.

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

04-28-2001 90087 003 ***150.00

C0053748



DO NOT WRITE IN THIS SPACE

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

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

DOONER, EUGENE C
1010 FIFTH AVE S
SUITE 300
NAPLES FL 34102

7. Name and Address of New Registered Agent
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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOONER, EUGENE C.	
STREET ADDRESS	1023 GRAYTON RD.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	DOONER, ANTON E.	
STREET ADDRESS	1010 FIFTH AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEVLIN, ROBERT E.	
STREET ADDRESS	600 NEAPOLITAN WAY, APT. 258	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOONER, JOAN E	
STREET ADDRESS	P.O. BOX 7969	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, NANCY DOONER	
STREET ADDRESS	302 RIDGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5386 Sycamore Drive	
CITY-ST-ZIP	34116	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34102	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6815 Gladys Street	
CITY-ST-ZIP	OtterRock, OR 97369	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 941-643-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)