

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000911

1. Entity Name

MARY E. DOONER FOUNDATION, INC.

Principal Place of Business

1010 FIFTH AVENUE SOUTH
STE: 300
NAPLES FL 34102
US

Mailing Address

P. O. BOX 7369
NAPLES FL 34101
US

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

65-0390318

Applied For

Not Applicable

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
5386 SYCAMORE DR
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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Delete
NAME DOONER, ANTON E
STREET ADDRESS P.O. BOX 7369 NA
CITY-ST-ZIP NAPLES FL 34101

TITLE DT ☐ Change ☒ Addition
NAME Derill E. Lee
STREET ADDRESS 302 Ridge Drive
CITY-ST-ZIP Naples, FL 34108

TITLE DT ☐ Delete
NAME DOONER, JOAN E
STREET ADDRESS 6815 GLADYS ST
CITY-ST-ZIP OTTER ROCK OR 97369

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME LEE, NANCY D
STREET ADDRESS 302 RIDGE DR
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DOONER, EUGENE C
STREET ADDRESS 5386 SYCAMORE DR
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90084 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)