## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9300000911 May 26, 2000 8:00 am Secretary of State 1. Entity Name MARY E. DOONER FOUNDATION, INC. 05-26-2000 90080 024 \*\*\*\*61.25 Principal Place of Business Mailing Address 1010 FIFTH AVENUE SOUTH P. O. BOX 7369 NAPLES FL 34101-7369 STF 300 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0390318 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DOONER, EUGENE C **1823 CRAYTON ROAD** NAPLES FL 34102 City Zip Code FL 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. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DOONER, ANTON E STREET ADDRESS STREET ADDRESS P.O. BOX 7369 NA CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34101 ☐ Addition ☐ Change TITLE TITLE DT Delete NAME NAME DOONER, JOAN E STREET ADDRESS STREET ADDRESS P. O. BOX 7369 NA CITY-ST-ZIP CITY-ST-ZIF NAPLES FL 34101 ☐ Change ☐ Addition TITLE DT ☐ Delete TITLE LEE, NANCY D NAME STREET ADDRESS STREET ADDRESS 302 RIDGE DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Change ☐ Addition ☐ Delete TITLE NAME DOONER, EUGENE C NAME STREET ADDRESS STREET ADDRESS **1823 CRAYTON ROAD** CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.