

2001 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
-1823-CRAYTON ROAD
NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

5386 Sycamore Drive

City

FL

Zip Code

34116

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	<input type="checkbox"/> Delete
NAME	DOONER, ANTON E	
STREET ADDRESS	P.O. BOX 7369 NA	
CITY-ST-ZIP	NAPLES FL 34101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	DOONER, JOAN E	
STREET ADDRESS	P. O. BOX 7369 NA	
CITY-ST-ZIP	NAPLES FL 34101	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6815 Gladys Street	
CITY-ST-ZIP	Otter Rock OR 97369	

TITLE	DT	<input type="checkbox"/> Delete
NAME	LEE, NANCY D	
STREET ADDRESS	302 RIDGE DR	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DOONER, EUGENE C	
STREET ADDRESS	-1823-CRAYTON ROAD -	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5386 Sycamore Drive	
CITY-ST-ZIP	34116	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Anton E. Dooner****941-643-4211**

Date

Daytime Phone #

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

04-28-2001 90087 005 ****61.25

00053746

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)