

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90169 008 ***150.00

DOCUMENT # P00000056050

1. Entity Name
DONAHUE INVESTMENTS, INC.

Principal Place of Business
3971 GULF SHORE BOULEVARD NORTH
PH-201
NAPLES FL 34103

Mailing Address
3971 GULF SHORE BOULEVARD NORTH
PH-201
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5811 Pelican Bay Boulevard

Suite, Apt. #, etc.

Suite 600

City & State

Naples, FL

Zip

34108

Country

4. FEI Number

59-3649525

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEUHARTH, GAIL K ESQ
C/O MYERS KRAUSE & STEVENS, CHARTERED
5811 PELICAN BAY BOULEVARD - SUITE 600
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
FWLER WHITE MYERS KRAUSE
Street Address (P.O. Box Number is Not Acceptable)
5811 Pelican Bay Boulevard
Suite 600
City
Naples **FL** **Zip Code**
34108

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 By:

Andrew J. Krause
Andrew J. Krause, Esq.

Its/Its:

ATTORNEY

4-8-02

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, 2002 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	DONAHUE, D. JOSEPH	
STREET ADDRESS	3971 GULF SHORE BLVD., NORTH PH-201	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DONAHUE, CRAIG J	
STREET ADDRESS	3971 GULF SHORE BLVD., NORTH PH-201	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHEFLOTT, GAIL H	
STREET ADDRESS	3971 GULF SHORE BLVD., NORTH PH-201	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DONAHUE, BRUCE E	
STREET ADDRESS	3971 GULF SHORE BLVD., NORTH PH-201	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donahue, D. Joseph	
STREET ADDRESS	3971 Gulf Shore Blvd. N. PH-201	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donahue, Craig J.	
STREET ADDRESS	3971 Gulf Shore Blvd. N. PH-201	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheflott, Gail H.	
STREET ADDRESS	3971 Gulf Shore Blvd. N. PH-201	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donahue, Bruce E.	
STREET ADDRESS	3971 Gulf Shore Blvd. N. PH-201	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Donahue, D. Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D. JOSEPH DONAHUE

941-598-1221

Date

Daytime Phone #

CR2E034 (9/01)