2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002521

1. Entity Name

NAPLES CFC ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 26 PM 1:33

Principal Place of Business	Mailing Address
2500 TAMIAMI TRAIL NORTH. #216 NAPLES FL 34103	2500 TAMIAMI TRAIL NORTH. #216 NAPLES FL 34103-3024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4851 Tamiami Trail N #400	4851 Tamiami Trail N #400
Suite, Apt. #, etc. #400	Suite, Apt. #, etc. #400
City & State Naples, FL	City & State Naples, FL
Zip / Country 34103	Zip / Country 34103

4. FEI Number 59-3546060 ☐ 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
CONROY, J. THOMAS III MORRISON & CONROY, P.A. 3838 TAMIAMI TRAIL NORTH, SUITE 402 NAPLES FL 34103	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$300,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000047981	STREET ADDRESS	4851 Tamiami Trail N., #400
NAME	NAPLES ENTERPRISES, INC.	CITY-ST-ZIP	Naples, FL 34103
STREET ADDRESS	2500 TAMIAMI TRAIL NORTH, #216		
CITY-ST-ZIP	NAPLES FL 34103		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000003269450--7
STREET ADDRESS			-05/26/00--01121--005
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: √ SIGNATURE REQUIRED — 2-23-00 — 941-649-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #