

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049245

1. Entity Name

CNA PROPERTIES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90122 043 \*\*\*150.00

Principal Place of Business

471 COUNTY ROAD 951  
NAPLES FL 34119  
US

Mailing Address

471 COUNTY ROAD 951  
NAPLES FL 34119-9532  
US

2. Principal Place of Business

~~925 Little Harbour Lane~~

3. Mailing Address

~~925 Little Harbour Lane~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Naples FL~~

City & State

~~Naples FL~~

4. FEI Number

65-0593529

Applied For

Not Applicable

Zip

Country

~~34102~~

Zip

Country

~~34102~~

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, SCOTT R  
2640 GOLDEN GATE PARKWAY, SUITE 315  
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name **PRICE, SCOTT R**  
Street Address (P.O. Box Number is Not Acceptable) **2640 GOLDEN GATE PARKWAY**  
**SUITE 115**  
City **NAPLES, FL** Zip Code **34105**

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

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NAGEL, CARL M</b>	
STREET ADDRESS	<b>471 COUNTY ROAD 951</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nagel, Carl M.</b>	
STREET ADDRESS	<b>325 Little Harbour Lane</b>	
CITY-ST-ZIP	<b>Naples, FL 34102</b>	
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		
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.04.00**