

# 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  
2500 TAMiami TRAIL NORTH, #216  
NAPLES FL 34103

Mailing Address  
2500 TAMiami TRAIL NORTH, #216  
NAPLES FL 34103-3024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4851 Tamiami Trail N #400  
Suite, Apt. #, etc.  
#400

3. Mailing Address

4851 Tamiami Trail N #400  
Suite, Apt. #, etc.  
#400

City & State  
Naples, FL

Zip  
34103

Country

City & State  
Naples, FL

Zip  
34103

Country

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

CONROY, J. THOMAS III  
MORRISON & CONROY, P.A.  
3838 TAMiami TRAIL NORTH, SUITE 402  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record. \$300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P98000047981  
NAME NAPLES ENTERPRISES, INC.  
STREET ADDRESS 2500 TAMiami TRAIL NORTH, #216  
CITY - ST - ZIP NAPLES FL 34103

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4851 Tamiami Trail N., #400

CITY - ST - ZIP

Naples, FL 34103

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

0000003269450--7  
-05/26/00--01121--005  
\*\*\*\*526.25 \*\*\*\*526.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

✓ 2-23-00

✓ 941-649-0868