## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2000 08:00 AM **DOCUMENT # 644912** 1. Entity Name **Secretary of State** CNL SECURITIES CORP. Principal Place of Business Mailing Address 400 E.SOUTH ST..#500 400 E.SOUTH ST.,#500 ORLANDO FL ORLANDO FL 328012878 328012878 2. Principal Place of Business 3. Mailing Address 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO FL 59-2023934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 328013336 328013336 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOURNE, ROBERT A. BOURNE ROBERT 400 E. SOUTH ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 500 450 S. ORANGE AVENUE ORLANDO FL FL 32801 City Zip Code ORLANDO 32801 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. 03/06/2000 ROBERT A. BOURNE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE EVCO N Delete TITLE ☐ Change ☐ Addition WALL JEANNE A NAME STREET ADDRESS 400 EAST SOUTH STREET SUITE 500 STREET ADDRESS CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME HELMAN лтит. WALL. **JEANNE** STREET ADDRESS 400 E. SOUTH ST., SUITE 500 STREET ACCRESS 450 S. ORANGE AVENUE CITY-ST-ZIF ORLANDO FI. CITY-ST-718 ORLANDO FT. 32801 TITLE ☐ Deiete TILE PTD VP X Change ☐ Addition NAME BOURNE ROBERT A NAME BARBARA STREET ADDRESS 400 EAST SOUTH STREET SUITE 500 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO $\mathbf{FL}$ 32801 TITLE ☐ Defete TITLE DPT X Change ☐ Addition NAME FORE BARBARA NAME BOURNE ROBERT 400 E SOUTH STREET, STE 500 450 S. ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL. 32801 FL. TITLE SCFO SCFO ☐ Delete TITLE X Change ☐ Addition NAME ROSE LYNN $\mathbf{E}$ NAME ROSE LYNN 400 EAST SOUTH STREET SUITE 500 450 S. ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROLANDO FL 32801 ORLANDO 32801 CITY-ST-ZIP FLTITLE DCCE ☐ Delete DCEO TITLE Change ☐ Addition NAME SENEFF JAMES M SENEFF MJR. JAMES NAME STREET ADDRESS 400 E SOUTH STREET, STE 500 450 S. ORANGE AVENUE STREET ADDRESS

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.

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