

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 06, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 644912**

1. Entity Name  
 CNL SECURITIES CORP.

Principal Place of Business 400 E.SOUTH ST.,#500 ORLANDO FL 328012878	Mailing Address 400 E.SOUTH ST.,#500 ORLANDO FL 328012878
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2. Principal Place of Business 450 S. ORANGE AVENUE Suite, Apt. #, etc.	3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
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4. FEI Number <b>59-2023934</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 328013336	Country	Zip 328013336	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BOURNE, ROBERT A.  
 400 E. SOUTH ST.  
 SUITE 500  
 ORLANDO FL 32801 US

**7. Name and Address of New Registered Agent**

Name BOURNE ROBERT A
Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE
City ORLANDO FL
Zip Code 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.

SIGNATURE **ROBERT A. BOURNE**

**03/06/2000**

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	EVCO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALL JEANNE A			NAME			
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	EVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELMAN JUDITH			NAME	WALL JEANNE A		
STREET ADDRESS	400 E. SOUTH ST., SUITE 500			STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOURNE ROBERT A			NAME	FORE BARBARA		
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500			STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	V	<input type="checkbox"/> Delete		TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORE BARBARA			NAME	BOURNE ROBERT A		
STREET ADDRESS	400 E SOUTH STREET, STE 500			STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	SCFO	<input type="checkbox"/> Delete		TITLE	SCFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSE LYNN E			NAME	ROSE LYNN E		
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500			STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	DCCE	<input type="checkbox"/> Delete		TITLE	DCEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SENEFF JAMES M J			NAME	SENEFF JAMES MJR.		
STREET ADDRESS	400 E SOUTH STREET, STE 500			STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		

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: ROBERT A. BOURNE

03/06/2000