

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 19, 2000 08:00 AM  
Secretary of State**

**DOCUMENT # 677851**

1. Entity Name  
CNL FINANCIAL GROUP, INC.

Principal Place of Business 400 E SOUTH ST #500 ORLANDO FL 32801	Mailing Address 400 E SOUTH ST #500 ORLANDO FL 32801
------------------------------------------------------------------------	------------------------------------------------------------

2. Principal Place of Business 450 S. ORANGE AVENUE	3. Mailing Address 450 S. ORANGE AVENUE
--------------------------------------------------------	--------------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State ORLANDO FL	City & State ORLANDO FL
----------------------------	----------------------------

4. FEI Number <b>59-2046903</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

Zip 32801	Country	Zip 32801	Country
--------------	---------	--------------	---------

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 #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**

**01/19/2000**

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	AS	<input type="checkbox"/> Delete		TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE JOHNSON KYLE L			NAME	WHITE JOHNSON KYLE L		
STREET ADDRESS	400 E. SOUTH ST. #500			STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	EVP	<input type="checkbox"/> Delete		TITLE	EVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALL JEANNE A			NAME	WALL JEANNE A		
STREET ADDRESS	400 E SOUTH ST #500			STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	EVP	<input type="checkbox"/> Delete		TITLE	EVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCWILLIAMS CURTIS B			NAME	MCDUGALL EDGAR J		
STREET ADDRESS	400 E SOUTH ST, SUITE 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 E. SOUTH ST. #500			STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	DCEO	<input type="checkbox"/> Delete		TITLE	DCCE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SENEFF JAMES MJR.			NAME	SENEFF JAMES MJR.		
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	PT	<input type="checkbox"/> Delete		TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOURNE ROBERT A			NAME	BOURNE ROBERT A		
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		

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: KYLE L. WHITE JOHNSON

AS 01/19/2000

---

**KELLEY P. MOSSBURG, CAO**  
**450 S. ORANGE AVENUE**

**ORLANDO, FL 32801**

**TIMOTHY J. SENEFF, VP**  
**450 S. ORANGE AVENUE**

**ORLANDO, FL 32801**

**MARK W. AMERMAN, EVP**  
**450 S. ORANGE AVENUE**

**ORLANDO, FL 32801**