

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2000 08:00 AM****Secretary of State****DOCUMENT # F99000004098****1. Entity Name**

COMMERCIAL NET LEASE REALTY SERVICES, INC.

Principal Place of Business

455 S. ORANGE AVENUE, SUITE 700

ORLANDO
32801

FL

Mailing Address

455 S. ORANGE AVENUE, SUITE 700

ORLANDO
32801

FL

2. Principal Place of Business

450 S. ORANGE AVENUE

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number**59-3565163****Applied For**☐ Not ApplicableZip
32801

Country

Zip
32801

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

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)

03/07/2000

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CIADIELLO JOSEPH A
STREET ADDRESS		STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TRACY DENNIS E
STREET ADDRESS		STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	RALSTON GARY M
STREET ADDRESS		STREET ADDRESS	455 S. ORANGE AVENUE, SUITE 700
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	SENEFF JAMES MJR
STREET ADDRESS		STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	HABICHT KEVIN
STREET ADDRESS		STREET ADDRESS	455 S. ORANGE AVENUE, SUITE 700
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	DMYTERKO ALEXANDER
STREET ADDRESS		STREET ADDRESS	455 S. ORANGE AVENUE, SUITE 700
CITY-ST-ZIP		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** ALEXANDER DMYTERKO

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03/07/2000

JOHN MICHAEL DAVIS, VP
450 S. ORANGE AVENUE
ORLANDO, FL 32801