2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 08:00 AM
Secretary of State

DOCUMENT # **419203**

1. Entity Name
CNL ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
450 S. ORANGE AVENUE	450 S. ORANGE AVENUE
ORLANDO FL 32801	ORLANDO FL 32801

2. Principal Place of Business	3. Mailing Address
	POST OFFICE BOX 4920
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ORLANDO FL
Zip / Country	Zip 32802 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1680224** — Applied For / Not Applicable

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
BOURNE ROBERT A	Name
450 S. ORANGE AVENUE	Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL	
32801 US	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 _____ **01/31/2001**
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, 2001 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	☐ Delete	TITLE VP	☐ Change ☒ Addition
NAME		NAME RUSH BRADLEY B	
STREET ADDRESS		STREET ADDRESS 450 S. ORANGE AVENUE	
CITY-ST-ZIP		CITY-ST-ZIP ORLANDO FL 32801	
TITLE AS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME WHITEJOHNSON KYLE L		NAME	
STREET ADDRESS 450 S. ORANGE AVENUE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32801		CITY-ST-ZIP	
TITLE DPT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME BOURNE ROBERT A		NAME	
STREET ADDRESS 450 S. ORANGE AVENUE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32801		CITY-ST-ZIP	
TITLE S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ROSE LYNN E		NAME	
STREET ADDRESS 450 S. ORANGE AVENUE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32801		CITY-ST-ZIP	
TITLE DCCE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME SENEFF JAMES MJR		NAME	
STREET ADDRESS 450 S. ORANGE AVENUE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32801		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 PT 01/31/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)