

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2000 08:00 AM
Secretary of State

DOCUMENT # **A28449**

1. Entity Name
NASHVILLE FOODS I, LTD.

Principal Place of Business 400 EAST SOUTH STREET SUITE 500 ORLANDO 32801 FL	Mailing Address 400 EAST SOUTH STREET SUITE 500 ORLANDO 32801 FL
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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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Zip 32801	Country	Zip 32801	Country
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4. FEI Number 59-2984246	Applied For Not Applicable
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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 EAST SOUTH STREET
SUITE 500
ORLANDO
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 _____ DATE **02/04/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,000,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CNL GROWTH PARTNERS, LTD 400 E. S. STREET #500 ORLANDO FL
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ROBERT A. BOURNE, PRESIDENT OF CNL

DATE: 02/04/2000