

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000003433**1. Entity Name  
CNL FRANCHISE NETWORK LP CORP.

## Principal Place of Business

P.O. BOX 4290

ORLANDO  
32802

FL

## Mailing Address

P.O. BOX 4290

ORLANDO  
32802

FL

2. Principal Place of Business  
450 S. ORANGE AVENUE3. Mailing Address  
P.O. BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO

FL

City & State  
ORLANDO

FL

Zip  
32802

Country

Zip  
32802

Country

4. FEI Number  
**59-3650058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BOURNE ROBERT A  
450 S ORANGE AVEORLANDO FL  
32801

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 03/01/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITEJOHNSON KYLE L	
STREET ADDRESS	450 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHACKELFORD STEVEN D	
STREET ADDRESS	450 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER JOHN T	
STREET ADDRESS	450 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENEFF JAMES MJR	
STREET ADDRESS	450 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOCK RAYMON BYRON JR	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCWILLIAMS CURTIS B	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEJOHNSON KYLE L	
STREET ADDRESS	450 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	CFOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHACKELFORD STEVEN D	
STREET ADDRESS	450 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE ROBERT A	
STREET ADDRESS	450 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: STEVEN D. SHACKELFORD**

CFO 03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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**JOHN L. FARREN, VP**  
**450 S. ORANGE AVENUE**

**ORLANDO, FL 32801**

**ROBERT E. LAWLESS, VP/T**  
**450 S. ORANGE AVENUE**

**ORLANDO, FL 32801**

**ROSEMARY Q. MILLS, SVP**  
**450 S. ORANGE AVENUE**

**ORLANDO, FL 32801**

**TIMOTHY J. NEVILLE, CCO/SVP**  
**450 S. ORANGE AVENUE**

**ORLANDO, FL 32801**