

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000003723**1. Entity Name  
CNL FUNDING 2001-A, INC.

## Principal Place of Business

450 SOUTH ORANGE AVE.

ORLANDO  
32801

FL

## Mailing Address

450 SOUTH ORANGE AVE.

ORLANDO  
32801

FL

## 2. Principal Place of Business

## 3. Mailing Address

P.O. BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

ORLANDO

FL

Zip

Country

Zip

Country

32802

## 4. FEI Number

59-3660714

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/01/2001

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	D	<input type="checkbox"/> Delete
NAME	ANGELO BERNARD T	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	WONG TONY	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCWILLIAMS CURTIS B	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITEJOHNSON KYLE	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHACKELFORD STEVEN D	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALKER JOHN T	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS CURTIS B	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEJOHNSON KYLE L	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHACKELFORD STEVEN D	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOCK RAYMON BYRON JR	
STREET ADDRESS	450 SOUTH ORANGE AVE.	
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: 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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**ANDREW T. PANACCIONE, VP  
103 FOULK ROAD  
SUITE 200  
WILMINGTON, DE 19803**

**SUZANNE M. HAY, VP  
103 FOULK ROAD  
SUITE 200  
WILMINGTON, DE 19803**

**LISA S. FOSTER, VP  
103 FOULK ROAD  
SUITE 200  
WILMINGTON, DE 19803**

**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**