

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000004111**1. Entity Name  
CNL FUNDING 2000-A, INC.

## Principal Place of Business

450 SOUTH ORANGE AVENUE

ORLANDO  
32801

FL

## Mailing Address

450 SOUTH ORANGE AVENUE

ORLANDO  
32801

FL

## 2. Principal Place of Business

## 3. Mailing Address

P.O. BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

## City &amp; State

ORLANDO

FL

## Zip

## Country

## Zip

## Country

32802

## 4. FEI Number

59-3651834

## 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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

FL

US

## 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)

02/28/2001

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 ☐ Delete  
NAME HUSEMAN RICHARD C  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE P ☒ Change ☐ Addition  
NAME GOFF BARRY L  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE AS ☐ Delete  
NAME WHITE-JOHNSON KYLE L  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE VAS ☒ Change ☐ Addition  
NAME WHITEJOHNSON KYLE L  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE V ☐ Delete  
NAME BEATY CLINT  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE SVP ☒ Change ☐ Addition  
NAME BEATY CLINTON B  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE VST ☐ Delete  
NAME DUARTE IXCHELL  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE CFOS ☒ Change ☐ Addition  
NAME DUARTE IXCHELL C  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE VCOO ☐ Delete  
NAME WOOD MICHAEL I  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE EVCO ☒ Change ☐ Addition  
NAME WOOD MICHAEL I  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE PCD ☐ Delete  
NAME SENEFF JAMES MJR.  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE DCEO ☒ Change ☐ Addition  
NAME SENEFF JAMES MJR.  
STREET ADDRESS 450 SOUTH ORANGE AVENUE  
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: MICHAEL I. WOOD**

COO

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)