

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000006128**1. Entity Name  
CNL HOSPITALITY LEASING CORP.

## Principal Place of Business

450 S. ORANGE AVENUE

ORLANDO  
32801

FL

## Mailing Address

PO BOX 4920

ORLANDO  
32802

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**59-3701214**

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

BOURNE ROBERT A  
450 S. ORANGE AVENUEORLANDO 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 \_\_\_\_\_ **04/02/2001**

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 V ☐ Delete  
NAME STRICKLAND C. BRIAN  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE SVP ☒ Change ☐ Addition  
NAME STRICKLAND C. BRIAN  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE V ☐ Delete  
NAME HUTCHISON THOMAS J  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE EVP ☒ Change ☐ Addition  
NAME HUTCHISON THOMAS J  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE D ☐ Delete  
NAME SENEFF JAMES MJR.  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE DCEO ☒ Change ☐ Addition  
NAME SENEFF JAMES MJR.  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE S ☐ Delete  
NAME ROSE LYNN E  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V ☐ Delete  
NAME MULLER CHARLES A  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE EVP ☒ Change ☐ Addition  
NAME MULLER CHARLES A  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE PSD ☐ Delete  
NAME BOURNE ROBERT A  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE DPT ☒ Change ☐ Addition  
NAME BOURNE ROBERT A  
STREET ADDRESS 450 S. 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: LYNN E. ROSE**

S

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)