

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000006409**1. Entity Name
CNL LLB C-HOTEL MANAGEMENT CORP.Principal Place of Business
P.O. BOX 4920
ORLANDO FL 32802
Mailing Address
P.O. BOX 4920
ORLANDO FL 328022. Principal Place of Business
450 S. ORANGE AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

Zip
32801

Country

Zip

Country

4. FEI Number
59-3683816
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**BOURNE ROBERT A
450 S ORANGE AVE

ORLANDO FL 32801 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)

03/02/2001

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 State10. 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 AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE SVP ☒ Change ☐ Addition
NAME STRICKLAND C. BRIAN
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE V ☐ Delete
NAME HUTCHISON THOMAS JIII
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE EVP ☒ Change ☐ Addition
NAME HUTCHISON THOMAS JIII
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE V ☐ Delete
NAME MULLER CHARLES A
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE EVP ☒ Change ☐ Addition
NAME MULLER CHARLES A
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE D ☐ Delete
NAME BURNS KEVIN P
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE D ☒ Change ☐ Addition
NAME STIDD ANDREW L
STREET ADDRESS 114 WEST 47TH ST., SUITE 1715
CITY-ST-ZIP NEW YORK NY 10036TITLE DP ☐ Delete
NAME BOURNE ROBERT A
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE C ☐ Delete
NAME SENEFF JAMES MJR
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801TITLE DCEO ☒ Change ☐ Addition
NAME SENEFF JAMES MJR
STREET ADDRESS 450 S 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: ROBERT A. BOURNE

P

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

KYLE L. WHITEJOHNSON, ASSIST. SECRETARY

**450 S. ORANGE AVE.
ORLANDO, FL 32801**

LYNN E. ROSE, SECRETARY/TREASURER

**450 S. ORANGE AVE.
ORLANDO, FL 32801**