2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 08:00 AM F00000007113 DOCUMENT # 1. Entity Name **Secretary of State** CNL RESTAURANT BOND HOLDINGS, INC. Principal Place of Business Mailing Address 450 SO, ORANGE AVE. P.O. BOX 4920 ORLANDO FL ORLANDO FL32801 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3651110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL 450 SO. ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL32801 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (11/00) X Change ☐ Addition WOOD MICHAEL I MAME NAME WOOD MICHAEL I 450 SO. ORANGE AVE. STREET ADDRESS STREET ADDRESS 450 SO, ORANGE AVE. CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ORLANDO VS ☐ Delete TITLE X Change NAME WHITE JOHNSON KYLE L NAME WHITEJOHNSON STREET ADDRESS 450 SO. ORANGE AVE. STREET ADDRESS 450 SO. ORANGE AVE. CITY-ST-ZIP ORLANDO \mathbf{FL} 32801 CITY-ST-ZIP ORLANDO FL32801 Delete TITLE CFO X Change ☐ Addition IXCHELL DUARTE NAME DUARTE IXCHELL STREET ADDRESS 450 SO. ORANGE AVE. STREET ADDRESS 450 SO, ORANGE AVE. CITY-ST-ZIP ORLANDO FL32801 CITY-ST-ZIP ORLANDO FL. 32801 ☐ Delete TITLE SVP Change Addition CLINTON BEATY NAME BEATY CLINTON STREET ADDRESS 450 SO, ORANGE AVE STREET ADDRESS 450 SO, ORANGE AVE. CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL32801 TITLE DΡ Delete TITLE DCEO X Change ☐ Addition **JAMES** MJR. SENEFF NAME SENEFF **JAMES** MJR. STREET ADDRESS 450 SO. ORANGE AVE. STREET ADDRESS 450 SO. ORANGE AVE. CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL32801 ☐ Delete TITLE Change ☐ Addition BOURNE ROBERT NAME STREET ADDRESS 450 SO. ORANGE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO 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.

COO

03/01/2001

Daytime Phone #

Date

MICHAEL I. WOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

BARRY L. GOFF, PRESIDENT 450 S. ORANGE AVENUE

ORLANDO, FL 32801

DAVID O. TAYLOR, DIRECTOR 450 S. ORANGE AVENUE

ORLANDO, FL 32801

CHRISTOPHER T. BURT, DIRECTOR 450 S. ORANGE AVENUE

ORLANDO, FL 32801