

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000007114**1. Entity Name
CNL RESTAURANT INVESTORS PROPERTIES, INC.Principal Place of Business
450 SO. ORANGE AVE.
ORLANDO FL 32801
Mailing Address
P.O. BOX 4920
ORLANDO FL 328022. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3672598
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**CHAPIN ROBERT W
450 SO. ORANGE AVE.
ORLANDO 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 _____ **03/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	V	<input type="checkbox"/> Delete
NAME	FARREN JOHN L	
STREET ADDRESS	450 SO. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAPIN ROBERT W	
STREET ADDRESS	450 SO. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER JOHN T	
STREET ADDRESS	450 SO. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	STIDD ANDREW L	
STREET ADDRESS	450 SO. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENEFF JAMES MJR.	
STREET ADDRESS	450 SO. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCWILLIAMS CURTIS B	
STREET ADDRESS	450 SO. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARREN JOHN L	
STREET ADDRESS	450 SO. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOCK RAYMON BYRON JR	
STREET ADDRESS	450 SO. 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		

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 W. CHAPIN

P

03/01/2001

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

ANDREW T. PANACCIONE, VP
103 FOULK RD.
SUITE 200
WILMINGTON, DE 19803

SUZANNE M. HAY, VP
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SUITE 200
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LISA S. FOSTER, VP
103 FOULK RD.
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WILMINGTON, DE 19803

STEVEN D. SHACKELFORD, CFO
450 S. ORANGE AVE.

ORLANDO, FL 32801