2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9500003627 Mar 08, 2000 08:00 AM **Secretary of State** CNL AMERICAN PROPERTIES FUND, INC. Principal Place of Business Mailing Address 400 EAST SOUTH STREET 400 EAST SOUTH STREET SUITE 500 SUITE 500 ORLANDO FL ORLANDO FL 32801 32801 2. Principal Place of Business 3. Mailing Address 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO FL 59-3239115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32801 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Zip Code FL 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. 03/08/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME MCWILLIAMS CURTIS STREET ADDRESS STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32801 TITLE ☐ Delete COOV TITLE PCOO X Change ☐ Addition NAME JOHN T NAME WALKER WALKER JOHN Т STREET ADDRESS 400 EAST SOUTH STREET, SHITE 500 STREET ACCRESS 450 S. ORANGE AVENUE CITY-ST-ZIF ORLANDO ORLANDO FI. CITY-ST-718 FT. 32801 TITLE ☐ Deiete TILE ST X Change ☐ Addition NAME ROSE LYNN NAME SHACKELFORD STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500 STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO CITY-ST-ZIP ORLANDO 32801 TITLE ☐ Defete \mathbf{EV} TITLE EVP X Change ☐ Addition NAME WALL JEANNE. NAME SINGER HOWARD 400 EAST SOUTH STREET, SUITE 500 450 S. ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL. 32801 CITY-ST-ZIP ORLANDO FL. 32801 TITLE DC☐ Delete TITLE X Change ☐ Addition NAME SENEFF JR JAMES M NAME SENEFF JAMES MJR. 400 E SOUTH STREET, STE 500 450 S. ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 ORLANDO FL32801 CITY-ST-ZIP TITLE DVC DVC ☐ Delete TITLE ☐ Addition Change NAME BOURNE ROBERT BOURNE ROBERT

CITY-ST-7/2

STREET ADDRESS

450 S. ORANGE AVENUE

32801

ORLANDO

NAME

32801

400 EAST SOUTH STREET, SUITE 500

ORLANDO

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.

KYLE L. WHITEJOHNSON, AS 450 S. ORANGE AVENUE

ORLANDO, FL 32801

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