2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 08:00 AM F95000003627 DOCUMENT # 1. Entity Name **Secretary of State** CNL AMERICAN PROPERTIES FUND, INC. Principal Place of Business Mailing Address 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE ORLANDO FL ORLANDO FL32801 32801 2. Principal Place of Business 3. Mailing Address P.O. BOX 4920 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO 59-3239115 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 US 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition CURTIS MAME MCWILLIAMS NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE PCOO ☐ Delete TITLE ☐ Change NAME WALKER JOHN T NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Delete TITLE CFOS X Change ☐ Addition SHACKELFORD NAME NAME SHACKELFORD STEVEN STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL. 32801 TITLE EVP ☐ Delete TITLE Change ☐ Addition SINGER HOWARD NAME HOSTETTER RICHARD STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL32801 TITLE DC Delete TITLE D X Change ☐ Addition SENEFF **JAMES** MJR. NAME SENEFF **JAMES** MJR. STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL32801 ☐ Delete TITLE Change ☐ Addition BOURNE ROBERT NAME BOURNE ROBERT STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 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. JOHN T. WALKER SIGNATURE: _ 03/01/2001

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C. HUSEMAN, DIRECTOR 450 S. ORANGE AVENUE

ORLANDO, FL 32801

J. JOSEPH KRUSE, DIRECTOR 450 S. ORANGE AVENUE

ORLANDO, FL 32801