2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9900006562 Mar 06, 2000 08:00 AM **Secretary of State** CNL HEALTH CARE PROPERTIES, INC. Principal Place of Business Mailing Address 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE ORLANDO FL ORLANDO FL 328013336 328013336 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 59-3491443 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOURNE 450 S. ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO 328013336 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. 03/06/2000 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 TITLE ☐ Detete ☐ Change X Addition NAME SMICK TIMOTHY STREET ADDRESS STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO 328013336 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME MOSES EDWARD STREET ADDRESS STREET ACCRESS 450 S. ORANGE AVENUE CITY-ST-ZIF CITY-ST-718 ORLANDO FT. 328013336 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME ROSE NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO 328013336 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME DUNBAR DAVID W NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO 328013336 CITY-ST-ZIP TITLE DCEO ☐ Delete TITLE X Change ☐ Addition NAME SENEFF JAMES MJR. NAME SENEFF JAMES MJR. STREET ADDRESS 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 328013336 ORLANDO 328013336 CITY-ST-ZIP TITLE PD ☐ Delete TITLE Change ☐ Addition NAME BOURNE ROBERT NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS

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.

CITY-ST-ZIP

328013336

ORLANDO

CITY-ST-ZIP

THOMAS J. HUTCHISON, EVP 450 S. ORANGE AVENUE

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