

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2000 08:00 AM****Secretary of State****DOCUMENT # F99000006570**

1. Entity Name

CNL HEALTH CARE GP CORP.

Principal Place of Business

450 S. ORANGE AVENUE

ORLANDO
328013336

FL

Mailing Address

450 S. ORANGE AVENUE

ORLANDO
328013336

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3614155

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBOURNE ROBERT A
450 S. ORANGE AVENUEORLANDO
328013336

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/06/2000

DATE

9. 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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
ST ROSE LYNN E
450 S. ORANGE AVENUE
ORLANDO FL 328013336TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
C SENEFF JAMES MJR.
450 S. ORANGE AVENUE
ORLANDO FL 328013336TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD BOURNE ROBERT A
450 S. ORANGE AVENUE
ORLANDO FL 328013336**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
AS WHITEJOHNSON KYLE L
450 S. ORANGE AVENUE
ORLANDO FL 32801TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP SIMMONS DANIEL L
450 S. ORANGE AVENUE
ORLANDO FL 32801TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP WALL JEANNE A
450 S. ORANGE AVENUE
ORLANDO FL 32801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO SENEFF JAMES MJR.
450 S. ORANGE AVENUE
ORLANDO FL 328013336TITLE ☐ Change ☐ 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 A. BOURNE

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03/06/2000