

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2000 08:00 AM
Secretary of State

DOCUMENT # K64046

1. Entity Name
 CNL HOTEL PROPERTIES, INC.

Principal Place of Business 400 E. SOUTH STREET SUITE 500 ORLANDO FL 32801	Mailing Address 400 E. SOUTH STREET SUITE 500 ORLANDO FL 32801
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2. Principal Place of Business 450 SOUTH ORANGE AVENUE	3. Mailing Address 450 SOUTH ORANGE AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
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4. FEI Number 59-2929768	Applied For <input type="checkbox"/> Not Applicable
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Zip 32801	Country US	Zip 32801	Country US
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOURNE, ROBERT A.
 400 EAST SOUTH STREET
 SUITE 500
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name BOURNE ROBERT A
Street Address (P.O. Box Number is Not Acceptable) 450 SOUTH ORANGE AVENUE
City ORLANDO FL Zip Code 32801

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 **ROBERT A. BOURNE**

01/12/2000

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

(NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOURNE ROBERT A 400 E. SOUTH ST., #500 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE LYNN 400 E. SOUTH ST., #500 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD SCOTT 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCE SENEFF JAMES MJR. 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOURNE ROBERT A 450 SOUTH ORANGE AVENUE ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE LYNN E 450 SOUTH ORANGE AVENUE ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD SCOTT 450 SOUTH ORANGE AVENUE ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCE SENEFF JAMES MJR. 450 SOUTH ORANGE AVENUE ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LYNN E. ROSE

01/12/2000