

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2000 08:00 AM
Secretary of State****DOCUMENT # K64451****1. Entity Name**
CNL GROWTH PARTNERS, INC.

Principal Place of Business	Mailing Address
400 E. SOUTH ST. SUITE 500 ORLANDO 32801	400 E. SOUTH ST. SUITE 500 ORLANDO 32801
FL	FL

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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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL
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4. FEI Number 59-2929341	Applied For <input type="checkbox"/> Not Applicable
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Zip 32801	Country	Zip 32801	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BOURKE, ROBERT A
400 EAST SOUTH STREET
SUITE 500
ORLANDO
32801
US

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

TITLE S	<input type="checkbox"/> Delete
NAME ROSE LYNN E.	
STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP ORLANDO FL	

TITLE PTD	<input type="checkbox"/> Delete
NAME BOURNE ROBERT A.	
STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP ORLANDO FL	

TITLE CD	<input type="checkbox"/> Delete
NAME SENEFF JAMES M. JR.	
STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP ORLANDO FL	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE LYNN E.	
STREET ADDRESS 450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP ORLANDO FL 32801	

TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOURNE ROBERT A.	
STREET ADDRESS 450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP ORLANDO FL 32801	

TITLE DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SENEFF JAMES MJR.	
STREET ADDRESS 450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP ORLANDO FL 32801	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 LYNN E. ROSE**01/12/2000**