

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # K64451**1. Entity Name
CNL GROWTH PARTNERS, INC.Principal Place of Business
450 SOUTH ORANGE AVENUE
ORLANDO FL 32801Mailing Address
450 SOUTH ORANGE AVENUE
ORLANDO FL 328012. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
P.O. BOX 4920
Suite, Apt. #, etc.City & State
ORLANDO FLZip Country
328024. FEI Number
59-2929341
Applied For
Not Applicable5. 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 SOUTH ORANGE AVENUE
ORLANDO FL 32801 US**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 _____ **03/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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 S ☐ Delete
NAME ROSE LYNN E
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE PTD ☐ Delete
NAME BOURNE ROBERT A
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE DCEO ☐ Delete
NAME SENEFF JAMES MJR
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: LYNN E. ROSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S 03/02/2001

Date Daytime Phone #

CR2E034 (11/00)