

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L65480**

1. Corporation Name

CNL INVESTMENT COMPANY

Principal Place of Business

**400 EAST SOUTH ST
SUITE 500
ORLANDO FL 32801**

Mailing Address

**400 EAST SOUTH ST
SUITE 500
ORLANDO FL 32801**

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90209 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1990

4. FEI Number

59-3040635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
ROSE, LYNN E
400 EAST SOUTH STREET SUITE 500
ORLANDO FL 32801**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**EVP
WALL, JEANNE A
400 EAST SOUTH STREET SUITE 500
ORLANDO FL 32801**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DCEO
SENEFF, JAMES M JR.
SENEFF, JAMES M, JR
ORLANDO FL 32801**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CFO
LOWRY, CONNIE
400 E SOUTH ST #500
ORLANDO FL 32801**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
GOFF, LARRY
400 E S STREET, #500
ORLANDO FL 32801**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
MCDONALD, CARY
400 E S STREET, SUITE 500
ORLANDO FL 32801**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

D/C/CEO

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

400 E. South Street #500

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lynn E. Rose, Secretary

April 9, 1999

Date

407-650-1000

Daytime Phone #

CR2E034 (1/98)