

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # M66424 (6)
1. Corporation Name
CNL FINANCIAL CORPORATION

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

3. Date Incorporated or Qualified **01/28/1968** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2871128** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOURNE, ROBERT A
400 E. SOUTH ST.
SUITE 500
ORLANDO FL 32801**

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 the # applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **SENEFF, JAMES M., JR.**
STREET ADDRESS **400 EAST SOUTH ST. #500**
CITY- ST- ZIP **ORLANDO FL**
TITLE **DST**
NAME **BOURNE, ROBERT A.**
STREET ADDRESS **400 EAST SOUTH ST. #500**
CITY- ST- ZIP **ORLANDO FL**
TITLE **ST**
NAME **BOURNE, ROBERT A**
STREET ADDRESS **400 E SOUTH ST 500**
CITY- ST- ZIP **ORLANDO FL**
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE **C/D** ☒ Change ☐ Addition
1.2 NAME **Seneff, James M., Jr.**
1.3 STREET ADDRESS **400 E. South Street, Suite 500**
1.4 CITY- ST- ZIP **Orlando, FL 32801**
2.1 TITLE **P/T/D** ☒ Change ☐ Addition
2.2 NAME **Bourne, Robert A.**
2.3 STREET ADDRESS **400 E. South Street, Suite 500**
2.4 CITY- ST- ZIP **Orlando, FL 32801**
3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Rose, Lynn E.**
3.3 STREET ADDRESS **400 E. South Street, Suite 500**
3.4 CITY- ST- ZIP **Orlando, FL 32801**
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Bourne

03/01/95

(407) 422-1574