

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000048660**1. Entity Name  
CNL COMMERCIAL INVESTORS, INC.

## Principal Place of Business

450 S. ORANGE AVENUE

ORLANDO  
328013336

FL

## Mailing Address

POST OFFICE BOX 4920

ORLANDO  
32802

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**59-3650068**

Applied For

Not Applicable

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  
450 S. ORANGE AVENUEORLANDO  
328013336

FL

## 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 \_\_\_\_\_ **03/01/2001**

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURNE ROBERT A	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 328013336	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENEFF JAMES MJR.	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 328013336	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLUCK BRIAN H	
STREET ADDRESS	26137 LA PAZ RD., SUITE 102	
CITY-ST-ZIP	MISSION VIEJO CA 92691530	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALSTON GARY M	
STREET ADDRESS	450 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABICHT KEVIN B	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 328013336	
TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEFF JAMES MJR.	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 328013336	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: KEVIN B. HABICHT**

P

**03/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)