

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000018224**1. Entity Name  
CNL FUND ADVISORS, INC.

## Principal Place of Business

450 S. ORANGE AVENUE

ORLANDO  
32801

FL

## Mailing Address

450 S. ORANGE AVENUE

ORLANDO  
32801

FL

## 2. Principal Place of Business

## 3. Mailing Address

P.O. BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

ORLANDO

FL

Zip

Country

Zip

Country

32802

## 4. FEI Number

**59-3227012**

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  
32801

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

**02/28/2001**

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

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

TITLE	SVP	<input type="checkbox"/> Delete
NAME	NEVILLE TIMOTHY J	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WOOD MICHAEL I	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	SHACKELFORD STEVEN D	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SINGER HOWARD J	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DPCO	<input type="checkbox"/> Delete
NAME	WALKER JOHN T	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	MCWILLIAMS CURTIS B	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATY CLINTON B	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE IXCHELL C	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD MICHAEL I	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF BARRY L	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE ROBERT A	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEFF JAMES MJR	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

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: MICHAEL I. WOOD**

COO

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**KYLE L. WHITEJOHNSON, VP/AS**  
**450 S. ORANGE AVENUE**  
**ORLANDO, FL 32801**