

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 PM 3:32

DOCUMENT # P94000092745 (6)

1. Corporation Name

CNL CORPORATE SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/23/1994

4. FBI Number
59-3285001

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SENEFF, JAMES M JR**
STREET ADDRESS **400 E SOUTH ST SUITE 500**
CITY - ST - ZIP **ORLANDO FL 32801**

1.1 TITLE **C/D**
1.2 NAME **SENEFF, JAMES M. JR.**
1.3 STREET ADDRESS **400 EAST SOUTH STREET, SUITE 500**
1.4 CITY - ST - ZIP **ORLANDO, FL 32801**

☒ Change ☐ Addition

TITLE **D**
NAME **BOURNE, ROBERT A**
STREET ADDRESS **400 E SOUTH ST SUITE 500**
CITY - ST - ZIP **ORLANDO FL 32801**

2.1 TITLE **P/T/D**
2.2 NAME **BOURNE, ROBERT A.**
2.3 STREET ADDRESS **400 EAST SOUTH STREET, SUITE 500**
2.4 CITY - ST - ZIP **ORLANDO, FL 32801**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE **V/S**
3.2 NAME **ROSE, LYNN E.**
3.3 STREET ADDRESS **400 EAST SOUTH STREET, SUITE 500**
3.4 CITY - ST - ZIP **ORLANDO, FL 32801**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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