2000 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2000 08:00 AM DOCUMENT # P94000092745 1. Entity Name **Secretary of State** CNL SHARED SERVICES, INC. Principal Place of Business Mailing Address 400 E SOUTH ST 400 E SOUTH ST SUITE 500 SUITE 500 ORLANDO FL ORLANDO FL 32801 32801 2. Principal Place of Business 3. Mailing Address 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 500 City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO FL 59-3285001 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32801 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOURNE BOURNE ROBERT 400 E SOUTH ST Street Address (P.O. Box Number is Not Acceptable) SUITE 500 450 S. ORANGE AVENUE ORLANDO FL 32801 City Zip Code ORĹANDO 32801 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. 01/21/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE SVPC ☐ Change X Addition NAME THORSON ERIC STREET ADDRESS STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32801 TITLE ☐ Delete TITLE EVPC ☐ Change X Addition NAME NAME MOSSBURG KELLEY STREET ADDRESS STREET ACCRESS 450 S. ORANGE AVENUE CITY-ST-ZIF CITY-ST-7IP ORLANDO FT. 32801 ☐ Delete TITLE TILE X Change ☐ Addition NAME WHITE JOHNSON NAME WHITEJOHNSON STREET ADDRESS 400 E SOUTH ST SUITE 500 STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO 32801 TITLE ☐ Defete VSCO TITLE X Change ☐ Addition NAME ROSE LYNN \mathbf{E} NAME ROSE LYNN STREET ADDRESS 400 EAST SOUTH STREET, STE 500 STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO FL, ORLANDO FL. 32801 CITY-ST-ZIP TITLE DTP DT ☐ Delete TITLE X Change ☐ Addition NAME BOURNE ROBERT NAME BOURNE ROBERT STREET ADDRESS 400 E SOUTH ST SUITE 500 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FLORLANDO FL32801 CITY-ST-ZIP TITLE DCCE DCCE ☐ Delete TITLE Change ☐ Addition NAME MJR SENEFF SENEFF JAMES JAMES MJR NAME STREET ADDRESS 400 E SOUTH ST SUITE 500 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO ORLANDO CITY-ST-7/8 32801

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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.

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