

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000029292

FILED
Jan 22, 2002 8:00 AM
Secretary of State

Entity Name: CNL FIRST CORP. II

Current Principal Place of Business:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 328013336

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 32802

New Mailing Address:

P.O. BOX 4920
ORLANDO, FL 328024920

FEI Number: 59-3309026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURNE, ROBERT A
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: SENEFF, JAMES M JR
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: PTD () Delete
Name: BOURNE, ROBERT A
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: ROSE, LYNN E
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. BOURNE

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01/22/2002

Electronic Signature of Signing Officer or Director

Date