

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moriam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000057219 (4)**

1. Corporation Name

**CNL UNION CORP.**

Principal Place of Business

**400 EAST SOUTH STREET, SUITE 500  
ORLANDO FL 32801**

Mailing Address

**400 EAST SOUTH STREET, SUITE 500  
ORLANDO FL 32801**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

g. Name and Address of Current Registered Agent

**BOURNE, ROBERT A  
400 EAST SOUTH STREET, SUITE 500  
ORLANDO FL 32801**

3. Date Incorporated or Qualified

**07/25/1995**

3a. Date of Last Report

4. FET Number

**59-3328700**

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

10. Name and Address of New Registered Agent

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 607.0102 and 607.1504, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0105, Florida Statutes.

SIGNATURE

Signature of the person designated as registered agent

Signature of the person designated as registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME                | STREET ADDRESS                   | CITY-STATE-ZIP   | DELETE                   |
|-------|---------------------|----------------------------------|------------------|--------------------------|
| D     | SENEFF, JAMES M JR. | 400 EAST SOUTH STREET, SUITE 500 | ORLANDO FL 32801 | <input type="checkbox"/> |
| D     | SENEFF, ROBERT A    | 400 EAST SOUTH STREET, SUITE 500 | ORLANDO FL 32801 | <input type="checkbox"/> |
|       |                     |                                  |                  | <input type="checkbox"/> |
|       |                     |                                  |                  | <input type="checkbox"/> |
|       |                     |                                  |                  | <input type="checkbox"/> |
|       |                     |                                  |                  | <input type="checkbox"/> |
|       |                     |                                  |                  | <input type="checkbox"/> |
|       |                     |                                  |                  | <input type="checkbox"/> |
|       |                     |                                  |                  | <input type="checkbox"/> |

| TITLE | NAME               | STREET ADDRESS                   | CITY-STATE-ZIP    | DELETE                                                                       |
|-------|--------------------|----------------------------------|-------------------|------------------------------------------------------------------------------|
| CDCEO | SENEFF, JAMES M JR | 400 EAST SOUTH STREET, SUITE 500 | ORLANDO, FL 32801 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| PTD   | BOURNE, ROBERT A   | 400 EAST SOUTH STREET, SUITE 500 | ORLANDO, FL 32801 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| S     | ROSE, LYNN E       | 400 EAST SOUTH STREET, SUITE 500 | ORLANDO, FL 32801 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                    |                                  |                   | <input type="checkbox"/>                                                     |
|       |                    |                                  |                   | <input type="checkbox"/>                                                     |
|       |                    |                                  |                   | <input type="checkbox"/>                                                     |
|       |                    |                                  |                   | <input type="checkbox"/>                                                     |
|       |                    |                                  |                   | <input type="checkbox"/>                                                     |
|       |                    |                                  |                   | <input type="checkbox"/>                                                     |

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-03/28/96--01029--037  
\*\*\*200.00**

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)(k), 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 recorder 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:

**JAMES SENEFF, JR. 3/13/96 (407) 422-1575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)