

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077734

1. Corporation Name
CNL FINANCIAL SERVICES, INC.

Principal Place of Business
400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801

Mailing Address
400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90210 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number
59-3341752

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A
400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCCE
SENEFF, JAMES M JR.
400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
BOURNE, ROBERT A
400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
MCDOUGALL, ED
400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROSE, LYNN E
400 EAST SOUTH ST., STE. 500
ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCWILLIAMS, CURTIS B
400 E SOUTH ST, SUITE 500
ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MOORHAD, HENRY
400 E SOUTH ST, SUITE 500
ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Moorehead, Henry E.
400 E. South Street #500
Orlando, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lynn E. Rose

April 7, 1999 407-650-1000

Date

Daytime Phone #

CR2E034 (11/98)