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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000020005 (0)

1. Corporation Name

CNL FINANCIAL I, INC.

Principal Place of Business

400 E SOUTH ST. SUITE 500
ORLANDO FL 32801

Mailing Address

400 E SOUTH ST. SUITE 500
ORLANDO FL 32801-2878



3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3392403

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

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A
400 E SOUTH ST, SUITE 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SENEFF, JAMES M JR	
1.3 STREET ADDRESS	400 E SOUTH ST, SUITE 500	
1.4 CITY-ST-ZIP	ORLANDO FL 32801	
2.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOURNE, ROBERT A	
2.3 STREET ADDRESS	400 E SOUTH ST, SUITE 500	
2.4 CITY-ST-ZIP	ORLANDO FL 32801	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSE, LYNN E	
3.3 STREET ADDRESS	400 E SOUTH ST, SUITE 500	
3.4 CITY-ST-ZIP	ORLANDO FL 32801	
4.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCDUGALL, ED	
4.3 STREET ADDRESS	400 E SOUTH ST, SUITE 500	
4.4 CITY-ST-ZIP	ORLANDO FL 32801	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. BOURNE

1/20/97

Date

Daytime Phone #

CR2E034 (9/96)