

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 19, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000022566****1. Entity Name**

CNL RESTAURANT SERVICES, INC.

**Principal Place of Business**

400 E SOUTH ST, SUITE 500

ORLANDO  
32801

FL

**Mailing Address**

400 E SOUTH ST, SUITE 500

ORLANDO  
32801

FL

**2. Principal Place of Business**

450 S. ORANGE AVENUE

**3. Mailing Address**

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ORLANDO

FL

**City & State**

ORLANDO

FL

**4. FEI Number**

59-3392384

**Applied For**

Not Applicable

Zip  
32801

Country

Zip  
32801

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**BOURNE ROBERT A  
400 E SOUTH ST, SUITE 500ORLANDO  
32801

FL

**7. Name and Address of New Registered Agent****Name**

BOURNE ROBERT A

**Street Address (P.O. Box Number is Not Acceptable)**

450 S. ORANGE AVENUE

City  
ORLANDO

FL

Zip Code  
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.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/19/2000

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE P ☐ Delete  
NAME MCWILLIAMS CURTIS B  
STREET ADDRESS 400 E SOUTH ST, SUITE 500  
CITY-ST-ZIP ORLANDO FL 32801TITLE S ☐ Delete  
NAME ROSE LYNN E.  
STREET ADDRESS 400 E. SOUTH ST, SUITE 500  
CITY-ST-ZIP ORLANDO FLTITLE DTVC ☐ Delete  
NAME BOURNE ROBERT A  
STREET ADDRESS 400 E SOUTH ST, SUITE 500  
CITY-ST-ZIP ORLANDO FLTITLE DC ☐ Delete  
NAME SENEFF JAMES M J  
STREET ADDRESS 400 E SOUTH STREE, SUITE 500  
CITY-ST-ZIP ORLANDO FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE AS ☒ Change ☐ Addition  
NAME WHITEJOHNSON KYLE L  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE S ☒ Change ☐ Addition  
NAME ROSE LYNN E  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE DPT ☒ Change ☐ Addition  
NAME BOURNE ROBERT A  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE DCCE ☒ Change ☐ Addition  
NAME SENEFF JAMES MJR  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: KYLE L. WHITEJOHNSON

AS

01/19/2000