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Mar 06 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 # P96000025570 (8)

1. Corporation Name

CNL RESTAURANTS XIV, INC.

Principal Place of Business

400 E SOUTH ST. SUITE 500
ORLANDO FL 32801

Mailing Address

400 E SOUTH ST. SUITE 500
ORLANDO FL 32801-2678



3. Date Incorporated or Qualified

03/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3376143

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 near or below registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SENEFF, JAMES M JR
STREET ADDRESS 400 E SOUTH ST, SUITE 500
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ DELETE
NAME BOURNE, ROBERT A
STREET ADDRESS 400 E SOUTH ST, SUITE 500
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DCEO ☒ Change ☐ Addition
12 NAME SENEFF, JAMES M JR
13 STREET ADDRESS 400 E SOUTH ST, SUITE 500
14 CITY-ST-ZIP ORLANDO FL 32801

21 TITLE PTD ☒ Change ☐ Addition
22 NAME BOURNE, ROBERT A
23 STREET ADDRESS 400 E SOUTH ST, SUITE 500
24 CITY-ST-ZIP ORLANDO, FL 32801

31 TITLE S ☐ Change ☒ Addition
32 NAME ROSE, LYNN E
33 STREET ADDRESS 400 E SOUTH ST, SUITE 500
34 CITY-ST-ZIP ORLANDO FL 32801

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Robert A. Bourne
ROBERT A. BOURNE

1/20/97
Date

Daytime Phone #

CR2E034 (9/96)