

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064424

1. Entity Name

CNL RETAIL DEVELOPMENT, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90174 013 ***150.00

Principal Place of Business

400 E SOUTH STREET STE 500
ORLANDO FL 32801

Mailing Address

400 E SOUTH STREET STE 500
ORLANDO FL 32801-2816

2. Principal Place of Business

450 So. Orange Avenue

3. Mailing Address

450 So. Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3395231

Applied For

Not Applicable

Zip

32801

Country

Orange

Zip

32801

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOURNE, ROBERT A

400 E SOUTH STREET STE 500
ORLANDO FL 32801

450 So. Orange Avenue

Name

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

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPCT ☐ Delete
NAME SENEFF, JAMES M J
STREET ADDRESS 400 E SOUTH STREET STE 500
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 450 S. Orange Avenue
CITY-ST-ZIP Orlando, FL 32801

TITLE S ☐ Delete
NAME ROSE, LYNN E.
STREET ADDRESS 400 E. SOUTH STREET, SUITE 500
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 450 S. Orange Avenue
CITY-ST-ZIP Orlando, FL 32801

TITLE AS ☐ Delete
NAME WHITE JOHNSON, KYLE L
STREET ADDRESS 400 E. SOUTH STREET, SUITE 500
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 450 S. Orange Avenue
CITY-ST-ZIP Orlando, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Signed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN E. Rose, Secretary 4/10/00 (407) 650-1000

Date

Daytime Phone #

CR2E034 (9/99)