

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 12, 2000 08:00 AM
Secretary of State**

DOCUMENT # P96000077903

1. Entity Name
CNL-EL PASO RESTAURANTS, INC.

Principal Place of Business 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801	Mailing Address 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801
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2. Principal Place of Business 450 SOUTH ORANGE AVENUE	3. Mailing Address 450 SOUTH ORANGE AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL
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4. FEI Number 59-3419187	Applied For <input type="checkbox"/> Not Applicable
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Zip 32801	Country	Zip 32801	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOURNE ROBERT A
400 EAST SOUTH STREET
SUITE 500
ORLANDO FL 32801

Name BOURNE ROBERT A
Street Address (P.O. Box Number is Not Acceptable) 450 SOUTH 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 _____ DATE **01/12/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSE LYNN E			NAME	ROSE LYNN E		
STREET ADDRESS	400 EAST SOUTH ST STE 500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOURNE ROBERT A			NAME	BOURNE ROBERT A		
STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	DCCE	<input type="checkbox"/> Delete		TITLE	DCCE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SENEFF JAMES MJR.			NAME	SENEFF JAMES MJR.		
STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: LYNN E ROSE

01/12/2000