

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
32801

FL

Mailing Address400 EAST SOUTH STREET
SUITE 500
ORLANDO
32801

FL

2. Principal Place of Business
450 SOUTH ORANGE AVENUE**3. Mailing Address**
450 SOUTH 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
59-3419187**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 EAST SOUTH STREET
SUITE 500
ORLANDO
32801

FL

7. Name and Address of New Registered AgentName
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**

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

(NOTE: Registered Agent signature required when reinstating)

01/12/2000

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** S ☐ Delete
NAME ROSE LYNN E
STREET ADDRESS 400 EAST SOUTH ST STE 500
CITY-ST-ZIP ORLANDO FL**TITLE** PTD ☐ Delete
NAME BOURNE ROBERT A
STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500
CITY-ST-ZIP ORLANDO FL**TITLE** DCCE ☐ Delete
NAME SENEFF JAMES MJR.
STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500
CITY-ST-ZIP ORLANDO FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** S ☒ Change ☐ Addition
NAME ROSE LYNN E
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801**TITLE** PTD ☒ Change ☐ Addition
NAME BOURNE ROBERT A
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801**TITLE** DCCE ☒ Change ☐ Addition
NAME SENEFF JAMES MJR.
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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** LYNN E ROSE

S 01/12/2000