

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P96000086654****1. Entity Name**  
CNL RESTAURANTS XV, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
400 E. SOUTH STREET SUITE 500 ORLANDO FL 32801	400 E. SOUTH STREET SUITE 500 ORLANDO FL 32801

<b>2. Principal Place of Business</b> 450 S. ORANGE AVENUE	<b>3. Mailing Address</b> 450 S. ORANGE AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> ORLANDO FL	<b>City &amp; State</b> ORLANDO FL
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<b>Zip</b> 32801	<b>Country</b>	<b>Zip</b> 32801	<b>Country</b>
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<b>4. FEI Number</b> <b>59-3408333</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BOURNE ROBERT A  
400 E. SOUTH STREET  
SUITE 500  
ORLANDO FL 32801

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

<b>Name</b> BOURNE ROBERT A
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 450 S. ORANGE AVENUE
<b>City</b> ORLANDO FL <b>Zip Code</b> 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)

**03/06/2000**

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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> ROSE LYNN E 400 E SOUTH ST STE 500 ORLANDO FL	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> BOURNE ROBERT A 400 E. SOUTH STREET, SUITE 500 ORLANDO FL	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DCCE</b> SENEFF JAMES M J 400 E. SOUTH STREET, SUITE 500 ORLANDO FL	<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> ROSE LYNN E 450 S. ORANGE AVENUE ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> BOURNE ROBERT A 450 S. ORANGE AVENUE ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> SENEFF JAMES MJR 450 S. ORANGE AVENUE ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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** ROBERT A BOURNE

P 03/06/2000