

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P96000086661****1. Entity Name**  
CNL RESTAURANTS XVI, INC.

<b>Principal Place of Business</b> 400 EAST SOUTH STREET SUITE 500 ORLANDO 32801 FL	<b>Mailing Address</b> 400 EAST SOUTH STREET SUITE 500 ORLANDO 32801 FL
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**2. Principal Place of Business**  
450 S. ORANGE AVENUE**3. Mailing Address**  
450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> ORLANDO FL	<b>City &amp; State</b> ORLANDO FL
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**4. FEI Number**  
**59-3408295**

Applied For
Not Applicable

<b>Zip</b> 32801	<b>Country</b>	<b>Zip</b> 32801	<b>Country</b>
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**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 EAST SOUTH STREET  
SUITE 500  
ORLANDO  
32801  
FLName  
BOURNE ROBERT A  
Street Address (P.O. Box Number is Not Acceptable)  
450 S. 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)

**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> ROSE LYNN E 400 EAST SOUTH ST STE 500 ORLANDO FL	<input type="checkbox"/> Delete
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<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>PTD</b> BOURNE ROBERT A 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL	<input type="checkbox"/> Delete
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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>DCCE</b> SENEFF JAMES M J 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL	<input type="checkbox"/> Delete
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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"/> Delete
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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"/> 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"/> 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

03/06/2000