

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000002185

1. Entity Name
 CNL HOSPITALITY CORP.

Principal Place of Business 450 SOUTH ORANGE AVENUE ORLANDO FL 32801	Mailing Address 450 SOUTH ORANGE AVENUE ORLANDO FL 32801
----------------------------------------------------------------------------	----------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

4. FEI Number
59-3420690

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 US		7. Name and Address of New Registered Agent 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	EVP	<input type="checkbox"/> Delete		TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER JOHN T			NAME	STRICKLAND C. BRIAN		
STREET ADDRESS	400 E S STREET, #500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	EVP	<input type="checkbox"/> Delete		TITLE	DEVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALL JEANNE A			NAME	WALL JEANNE A		
STREET ADDRESS	400 E S STREET, #500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	EVP	<input type="checkbox"/> Delete		TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLER CHARLES A			NAME	MULLER CHARLES A		
STREET ADDRESS	400 E S STREET, #500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	DST	<input type="checkbox"/> Delete		TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSE LYNN E			NAME	ROSE LYNN E		
STREET ADDRESS	400 E SOUTH STREET, SUITE 500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOURNE ROBERT A			NAME	BOURNE ROBERT A		
STREET ADDRESS	400 E. SOUTH STREET, SUITE 500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	DCEO	<input type="checkbox"/> Delete		TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SENEFF JAMES M J			NAME	SENEFF JAMES MJR		
STREET ADDRESS	400 E. SOUTH STREET, SUITE 500			STREET ADDRESS	450 SOUTH ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP	ORLANDO FL 32801		

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 _____ DATE **01/12/2000**

KYLE L. WHITEJOHNSON, ASST. SECRETARY
450 SOUTH ORANGE AVENUE

ORLANDO, FL 32801

MATTHEW W. KAPLAN, DIRECTOR
450 SOUTH ORANGE AVENUE

ORLANDO, FL 32801