

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042940

1. Entity Name
CNL BANK

Principal Place of Business
455 S ORANGE AVENUE
ORLANDO FL

Mailing Address
PO BOX 1546
ORLANDO FL 32802-1546
US

2. Principal Place of Business

450 South Orange Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3404322

Applied For
Not Applicable

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

BEILER, WILLIAM C
8738 PISA DRIVE, #633
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 William C. Beiler

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BEILER, WILLIAM C	
STREET ADDRESS	8738 PISA DRIVE NO. 633	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERRY, JACK M JR	
STREET ADDRESS	1945 8TH TERR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ETHERIDGE, FRANK R	
STREET ADDRESS	803 LAKE ADAIR BLVD N	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	CB	<input type="checkbox"/> Delete
NAME	LASKEY, MITCHEL J	
STREET ADDRESS	2322 ALAQUA DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RABEL, EDUARDO	
STREET ADDRESS	4385 CHULUOTA ROAD	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIBLEY, BENJAMIN P	
STREET ADDRESS	2060 THUNDERBIRD TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	James Soneff CB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 Summerland Ave	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BOURNE	
STREET ADDRESS	275 East Webster	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDGAR McDougall	
STREET ADDRESS	210 Adams Drive	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS McWilliams	
STREET ADDRESS	821 Mayfield Ave	
CITY-ST-ZIP	Winter Park FL 32789	

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: Philip Jackson SVP
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-00 407-992-3732
Date Daytime Phone #

CR2E034 (9/99)