

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90029 040 ***158.75

DOCUMENT # P97000042940

1. Entity Name

CNLBANK

Principal Place of Business

**460 S. ORANGE AVE.
 ORLANDO FL**

Mailing Address

**PO BOX 1546
 ORLANDO FL 32802
 US**

2. Principal Place of Business

450 Orange Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3404322

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

C. Michael Collins

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

1940 Lakeside Drive

City

Orlando

FL

Zip Code
32803

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]

02/13/2002

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | D BEILER, WILLIAM C 8738 PISA DRIVE NO. 633 ORLANDO FL 32810 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CB SENEFF, JAMES 1300 SUMMERLAND AVE. WINTER PARK FL 32789 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOURNE, ROBERT 275 E. WEBSTER WINTER PARK FL 32789 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LASKEY, MITCHEL J 2322 ALAQUA DRIVE LONGWOOD FL 32779 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCDUGALL, EDGAR 210 ADAMS DR. MAITLAND FL 32751 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCWILLIAMS, CURTIS 821 MAYFIELD AVE. WINTER PARK FL 32789 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCED C. Michael Collins 1940 Lakeside Drive Orlando, FL 32803 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Andrew Thompson 104 Sweet Bay Lane Longwood, FL 32779 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/2002 (407) 244-3100

Date

Daytime Phone #

CR2E034 (9/01)