

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000057795****1. Entity Name**

CNL HEALTH CARE CORP.

Principal Place of Business

450 SOUTH ORANGE AVENUE

ORLANDO
32801

FL

Mailing Address

450 SOUTH ORANGE AVENUE

ORLANDO
32801

FL

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

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number**59-3467834****Applied For**☐ Not ApplicableZip
32801

Country

Zip
32801

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BOURNE ROBERT A
400 EAST SOUTH STREET #500ORLANDO
32801

FL

US

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

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)

01/19/2000

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ 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: LYNN E. ROSE

S

01/19/2000

**KYLE L. WHITEJOHNSON, AS
450 S. ORANGE AVENUE
ORLANDO, FL 32801**