2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2001 08:00 AM DOCUMENT # **P9700057795** 1. Entity Name **Secretary of State** CNL RETIREMENT CORP. Principal Place of Business Mailing Address 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE ORLANDO FL ORLANDO FL32801 32801 2. Principal Place of Business 3. Mailing Address POST OFFICE BOX 4920 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO 59-3467834 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT 450 S. ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL32801 US 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 03/02/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 coo TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition ANDERSON MAME PHILLIP NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP EVP ☐ Delete TITLE X Change ☐ Addition NAME WALL JEANNE A NAME WHITEJOHNSON STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ORLANDO FL32801 ☐ Delete TITLE X Change ☐ Addition SIMMONS DANIEL HUTCHISON, III THOMAS NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO 32801 FL. TITLE ☐ Delete TITLE Change ☐ Addition ROSE NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP TITLE DCCE Delete TITLE ☐ Change ☐ Addition **JAMES** MJR SENEFF NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition BOURNE ROBERT NAME STREET ADDRESS 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP 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.

03/02/2001

Daytime Phone #

Date

ROBERT A. BOURNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _