

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000057800**1. Entity Name  
CNL ADVISORY SERVICES, INC.

## 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

## 3. Mailing Address

P.O. BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

ORLANDO

FL

Zip

Country

Zip

Country

32802

## 4. FEI Number

59-3467020

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  
450 SOUTH ORANGE AVENUEORLANDO  
32801

FL

US

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

03/01/2001

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	PERFIDO JO ANN	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WHITEJOHNSON KYLE L	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SHEPARDSON MICHAEL	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE LYNN E	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	SENEFF JAMES MJR	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DTP	<input type="checkbox"/> Delete
NAME	BOURNE ROBERT A	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRINGTON GRAHAM	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DPCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARDSON MICHAEL T	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHACKELFORD STEVEN D	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS CURTIS B	
STREET ADDRESS	450 SOUTH ORANGE AVENUE	
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: STEVEN D. SHACKELFORD**

S

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

\*\*\*\*\*  
**CLIFFORD SMITH, ASSISTANT SECRETARY**  
**450 S. ORANGE AVENUE**  
  
**ORLANDO, FL 32801**