FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 25, 2002 8:00 am P98000042504 DOCUMENT # **Secretary of State** 1. Entity Name 02-25-2002 90079 001 \*\*\*158.75 CNLBANCSHARES, INC. Principal Place of Business Mailing Address 450 SOUTH ORANGE AVENUE P.O. BOX 1546 ORLANDO FL 32801 ORLANDO FL 32802-1546 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3544720 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael Collins BEILER, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 1940 Lakeside Drive 450 S ORANGE AVE ORLANDO FL 32801 Zip Code 32803 City Orlando 8. The above named entity submits (In statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PCED** TITLE X Delete TITLE PCED Addition CR2E034 (9/01 BEILER, WILLIAM C NAME NAME C. Michael Collins 455 S ORANGE AVE STREET ADDRESS STREET ADDRESS 1940 Lakeside Drive ORLANDO FL 32801 CITY-ST-7IP CITY-ST-ZIP Orlando, FL 32803 TITLE ☐ Delete TITLE Change Addition NAME SENEFF. JAMES NAME STREET ADDRESS 1300 SUMMERLAND AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME LASKEY, MITCHEL NAME STREET ADDRESS STREET ADDRESS 2332 ALAQUA DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE Change ☐ Addition BOURNE, ROBERT NAME NAME STREET ADDRESS 275 EAST WEBSTER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 K Delete TITLE TITLE ☐ Change Addition MCDOUGALE, EDGAR NAME NAME Andrew Thompson 210 ADAMS BLUE STREET ADDRESS STREET ADDRESS 104 Sweet Bay Lane CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP Longwood, FL 32779 ■ Addition TITLE ☐ Delete TITLE Change MCWILLIAMS, CURTIS NAME NAME STREET ADDRESS 321 MAYFIELD AVENUE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 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 trusted 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 the receiver.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/2002

Date

(407) 244-3100

Daytime Phone #