

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000086542****1. Entity Name**

CNL HEALTH CARE DEVELOPMENT, INC.

Principal Place of Business400 EAST SOUTH STREET
SUITE 500
ORLANDO
32801

FL

Mailing Address400 EAST SOUTH STREET
SUITE 500
ORLANDO
32801

FL

2. Principal Place of Business

450 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO

FL

Zip

32801

Country

3. Mailing Address

450 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO

FL

Zip

32801

Country

4. FEI Number**59-3548007**

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 AgentBOURNE ROBERT A
400 EAST SOUTH STREET
SUITE 500
ORLANDO
32801

FL

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

BOURNE ROBERT A

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

450 SOUTH 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)

01/12/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE COO ☐ Delete
NAME ANDERSON PHILIP M
STREET ADDRESS 400 E SOUTH ST #500
CITY-ST-ZIP ORLANDO FL 32801TITLE S ☐ Delete
NAME ROSE LYNN E
STREET ADDRESS 400 E SOUTH ST #500
CITY-ST-ZIP ORLANDO FL 32801TITLE DCCE ☐ Delete
NAME SENEFF JAMES MJR.
STREET ADDRESS 400 EAST SOUTH STREET
CITY-ST-ZIP ORLANDO FL 32801TITLE DPT ☐ Delete
NAME BOURNE ROBERT A
STREET ADDRESS 400 EAST SOUTH STREET
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE COO ☒ Change ☐ Addition
NAME ANDERSON PHILIP M
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE S ☒ Change ☐ Addition
NAME ROSE LYNN E
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE DCCE ☒ Change ☐ Addition
NAME SENEFF JAMES MJR.
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE DPT ☒ Change ☐ Addition
NAME BOURNE ROBERT A
STREET ADDRESS 450 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: LYNN E ROSE

S

01/12/2000