

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000086542**1. Entity Name
CNL RETIREMENT DEVELOPMENT CORP.Principal Place of Business
450 SOUTH ORANGE AVENUE
ORLANDO FL 32801Mailing Address
450 SOUTH ORANGE AVENUE
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address
POST OFFICE BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO FL

Zip Country

Zip Country
328024. FEI Number
59-3548007Applied For
Not Applicable5. 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 AVENUE
ORLANDO FL 32801

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 _____ 03/02/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	COO	ANDERSON PHILIP M	450 SOUTH ORANGE AVENUE ORLANDO FL 32801	<input type="checkbox"/> Delete
	S	ROSE LYNN E	450 SOUTH ORANGE AVENUE ORLANDO FL 32801	<input type="checkbox"/> Delete
	DCCE	SENEFF JAMES MJR.	450 SOUTH ORANGE AVENUE ORLANDO FL 32801	<input type="checkbox"/> Delete
	DPT	BOURNE ROBERT A	450 SOUTH ORANGE AVENUE ORLANDO FL 32801	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	EVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	HUTCHISON, III THOMAS J	450 SO. ORANGE AVENUE ORLANDO FL 32801				
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> 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: ROBERT A. BOURNE

DPT 03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)