

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000086598**1. Entity Name  
CNL LEGACY PLACE, INC.

## Principal Place of Business

450 S. ORANGE AVENUE

ORLANDO  
32801

FL

## Mailing Address

450 S. 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

59-3600594

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 S. ORANGE AVENUEORLANDO  
32801

FL

## 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)

03/02/2001

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 AS  
NAME WHITEJOHNSON KYLE L ☐ Delete  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S  
NAME ROSE LYNN E ☐ Delete  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DCCE  
NAME SENEFF JAMES MJR. ☐ Delete  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DPT  
NAME BOURNE ROBERT A ☐ Delete  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)