

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025570

Entity Name: CNL RESTAURANTS XIV, INC.

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 32802

FEI Number: 59-3376143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 32801 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DCEO
Name SENEFF, JAMES MJR
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title DPVC
Name BOURNE, ROBERT A
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title S
Name SCARCELLI, LINDA A
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title AS
Name GRAY, ERIN M
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title T
Name SCHMIDT, TRACY G
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title AT
Name TIPTON, TAMMY
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA A. SCARCELLI

SECRETARY

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date