

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90047 017 \*\*\*150.00

**DOCUMENT # L17474**

1. Entity Name

**CFG REAL ESTATE GROUP, INC.**

Principal Place of Business

Mailing Address

706 TURNBULL AVENUE  
 102  
 ALTAMONTE SPRINGS FL 32701  
 US

706 TURNBULL AVENUE  
 102  
 ALTAMONTE SPRINGS FL 32701-6476  
 US

00004184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0156114**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDBERG, ALLAN N.**  
**706 TURNBULL AVENUE**  
**STE 102**  
**ALTAMONTE SPRINGS FL 32701**

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)

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 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: PDAS  Delete  
 NAME: WILLIAM W. COLE, JR  
 STREET ADDRESS: 706 TURNBULL AVE/STE 102  
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: Suite 102  
 CITY-ST-ZIP:

TITLE: VSTD  Delete  
 NAME: ALLAN N. GOLDBERG  
 STREET ADDRESS: 706 TURNBULL AVE / STE 303  
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
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TITLE:  Delete  
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TITLE:  Delete  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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: *S. A. Goldberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00 407 834-9543  
 Date Daytime Phone #