

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000004201****1. Entity Name**
CBG AVALON HOUSING CORPORATION

Principal Place of Business 9021 TOWN CENTRE PARKWAY BRADENTON FL 34202	Mailing Address 9021 TOWN CENTRE PARKWAY BRADENTON FL 34202
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3525908	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HARRISON G. JOSEPH 9021 TOWN CENTER PKWY BRADENTON FL 34202 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** _____ **04/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete	TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MCDONALD KATHLEEN	NAME	GRAUS KIMBERLY L				
STREET ADDRESS	9021 TOWN CENTRE PKWY	STREET ADDRESS	9021 TOWN CENTRE PKWY				
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	BRADENTON FL 34202				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	EDMONDSON LOUIS E	NAME	EDMONDSON LOUIS E				
STREET ADDRESS	351-6TH AVE. WEST	STREET ADDRESS	9021 TOWN CENTER PKWY				
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP	BRADENTON FL 34202				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NEWSOME JOHNAEL S	NAME	NEWSOME JOHN S				
STREET ADDRESS	9021 TOWN CENTRE PKWY	STREET ADDRESS	9021 TOWN CENTRE PKWY				
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	BRADENTON FL 34202				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DOYLE MICHAEL J	NAME					
STREET ADDRESS	9021 TOWN CENTRE PKWY	STREET ADDRESS					
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** KIMBERLY L. GRAUS **AS** **04/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)