

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030326  
AB

DOCUMENT # **L97000000342**

1. Entity Name

**WIND RIVER CONSULTING, L.C.**

FILED

01 MAY -3 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**625 NORTH EISENHOWER DRIVE  
BECKLEY WV 25801**

Mailing Address

**P.O. BOX AY  
BECKLEY WV 25801**

2. Principal Place of Business

**130 Brookshire Lane**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 2594**

Suite, Apt. #, etc.

City & State

**Beckley WV**

City & State

**Beckley WV**

4. FEI Number

**54-1844678**

Applied For

Not Applicable

Zip

**25801**

Country

**USA**

Zip

**25801-2594**

Country

**USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DECHOW, GERALD A**

**3400 S. TAMIAMI TRAIL, SUITE 301**

**SARASOTA FL 34239**

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)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE **MGR** ☒ Delete  
NAME **HOLCOMB, DONALD R**  
STREET ADDRESS **P.O. BOX AY**  
CITY-ST-ZIP **BECKLEY WV 25801**

TITLE **MGR** ☐ Delete  
NAME **PHILLIES, JOSEPH C**  
STREET ADDRESS **7257 NW 4TH BLVD., PMB 167**  
CITY-ST-ZIP **GAINSVILLE FL 32607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Anthony C. Phillips**  
STREET ADDRESS **P.O. Box 2594**  
CITY-ST-ZIP **Beckley WV 25801-2594**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

**Joseph C. Phillips**

Date

**4/13/01**

Daytime Phone #

**304-255-9030**

CR2E083 (11/00)