

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/12

DOCUMENT # L98000001264

1. Entity Name
THE FINANCIAL CONSULTING GROUP, L.C.

Principal Place of Business
8074 NORTH 56TH STREET
TAMPA FL 33617

Mailing Address
8074 NORTH 56TH STREET
TAMPA FL 33617-7620



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

59-3527153

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WETHERINGTON, R. WADE
2625 PARK TOWER
400 N TAMPA STREET
TAMPA FL 33602

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

900003213399--4
-04/18/00--01108--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR HITCHNER, JAMES R
STREET ADDRESS 1349 W PEACHTREE ST., SUITE 1410
CITY- ST- ZIP ATLANTA GA 30309

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR MARD, MICHAEL J
STREET ADDRESS 8074 NORTH 56TH ST
CITY- ST- ZIP TAMPA FL 33617

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR RIGBY, JAMES S JR
STREET ADDRESS 900 WILSHIRE BLVD., NO. 514
CITY- ST- ZIP LOS ANGELES CA 90017

TITLE NAME
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TITLE 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/28/00

213 362 9991

Date

Daytime Phone #

CR2E083 (9/99)