

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90322 015 *****50.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3527153**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1360 Peachtree St., N.E. Suite 950**
CITY-ST-ZIP

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

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

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

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

TITLE **MGR** ☒ Delete
NAME **DUFFY, ROBERT**
STREET ADDRESS **999 THIRD AV., STE 4250**
CITY-ST-ZIP **SEATTLE WA 98104**

TITLE **MGR** ☐ Change ☒ Addition
NAME **WISEHART, DONALD T**
STREET ADDRESS **212 MAIN ST.**
CITY-ST-ZIP **WAKEFIELD, RI 02879**

TITLE **MGR** ☐ Delete
NAME **TAYLOR, ROBIN**
STREET ADDRESS **2140 11TH AV SOUTH, STE 400**
CITY-ST-ZIP **BIRMINGHAM AL 35205**

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

TITLE **MGR** ☐ Delete
NAME **COOK, LARRY**
STREET ADDRESS **14550 TORREY CHASE, STE 300**
CITY-ST-ZIP **HOUSTON TX 77014**

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:

SIGNATURE REQUIRED
JAMES S. RIGBY JR

5/1/03 213.362.9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)