

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90089 044 ****55.00

DOCUMENT # L99000002097

1. Entity Name

HOLLAND & KNIGHT CONSULTING LLC



Principal Place of Business

**400 NORTH ASHLEY DRIVE, SUITE 2300
TAMPA FL 33602**

Mailing Address

**400 NORTH ASHLEY DRIVE, SUITE 2300
TAMPA FL 33602**

2. Principal Place of Business

2115 Harden Blvd

3. Mailing Address

2115 Harden Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33803

Country

USA

Zip

33803

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3577717**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**

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. 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

TITLE **MGRM** ☐ Delete
NAME **FEAGIN, ROBERT R III**
STREET ADDRESS **400 NORTH ASHLEY DRIVE, SUITE 2300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGRM** ☐ Delete
NAME **MAIN, JAMES L**
STREET ADDRESS **400 NORTH ASHLEY DRIVE, SUITE 2300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGRM** ☐ Delete
NAME **SLOAN, DAVID S**
STREET ADDRESS **400 NORTH ASHLEY DRIVE, SUITE 2300**
CITY-ST-ZIP **TAMPA FL 33602**

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

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

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

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

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

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

**L. Kinder Cannon III, Partner & Gen Counsel of parent entity
+ authorized representative**
4/16/03 904-798-5477

CR2E083 (10/02)