2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
01-29-2001 90075 036 ***150.00

DOCUMENT # P00000086455

1. Entity Name
CORE GROUP CONSULTING, INC.

Principal Place of Business	Mailing Address
~~1658 MAJESTIC OAK DR~~ ~~OPOPKA FL 32712~~ 2690 TUSKAWILLA RD OVIEDO, FL 32765	~~1658 MAJESTIC OAK DR~~ ~~OPOPKA FL 32712~~ 2690 TUSKAWILLA OVIEDO, FL

DO NOT WRITE IN THIS SPACE

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 59-366 8906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHEELER, CHESTER F ~~1658 MAJESTIC OAK DR~~ ~~OPOPKA FL 32712~~ 2690 TUSKAWILLA RD OVIEDO, FLA 32765	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, J RICHARD 1658 MAJESTIC OAK DR OPOPKA FL 32712 (DIRECTOR)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition COOK, J. RICHARD 6653 BRIGHT WATER TRAIL LITTLETON, CO. 80125
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMINGWAY, JOSEPH L 1658 MAJESTIC OAK DR OPOPKA FL 32712 (DIRECTOR)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition HEMINGWAY, JOSEPH L. 7616 MABEL LOUISE LANE ORLANDO, FL 32814
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, CHESTER F 1658 MAJESTIC OAK DR OPOPKA FL 32712 (PRESIDENT)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition WHEELER, CHESTER F 2690 TUSKAWILLA ROAD OVIEDO, FL 32765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOLLEY, STEVEN R 1658 MAJESTIC OAK DR OPOPKA FL 32712 (CFO)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition WOOLLEY, STEVEN R. 13332 LAKE TORRBERRY CIRCLE ORLANDO, FLA 32828
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(DIRECTOR)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition KENNETH MOREN 9603 KEMPER DRIVE LONETREE, CO 80124
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(DIRECTOR)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition R. MICHAEL HENSHAW 7776 RUNNING FOX WAY PARKER, CO 80134

CR2E034 (10/00)

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/17/01 407-671-5145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #