

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90129 046 \*\*\*150.00

**DOCUMENT # P00000086455**

1. Entity Name

**CORE GROUP CONSULTING, INC.**

Principal Place of Business

**2690 TUSKAWILLA RD  
OVIEDO FL 32765**

Mailing Address

**2690 TUSKAWILLA RD  
OVIEDO FL 32765**

2. Principal Place of Business

**CONSULTING**

3. Mailing Address

**2690 TUSKAWILLA RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**OVIEDO**

Zip

Country

Zip

Country

**32765**

4. FEI Number

**59-3668906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WHEELER, CHESTER F  
2690 TUSKAWILLA RD  
OVIEDO FL 32765**

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

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, 2002 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

TITLE **D** ☐ Delete  
NAME **COOK, J RICHARD**  
STREET ADDRESS **6658 BRIGHT WATERTRAIL**  
CITY-ST-ZIP **LITTLETON CO 80125**

TITLE **D** ☒ Delete  
NAME **HEMINGWAY, JOSEPH L**  
STREET ADDRESS **7616 MABEL LOUISE LANE**  
CITY-ST-ZIP **ORLANDO FL 32814**

TITLE **P** ☐ Delete  
NAME **WHEELER, CHESTER F**  
STREET ADDRESS **2190 TUSKAWILLA ROAD**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **CFO** ☐ Delete  
NAME **WOOLLEY, STEVEN R**  
STREET ADDRESS **13332 LAKE TURNBERN CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Delete  
NAME **MOTEN, KENNETH**  
STREET ADDRESS **9603 KEMPER DRIVE**  
CITY-ST-ZIP **LONETREE CO 80124**

TITLE **D** ☐ Delete  
NAME **HENSHAW, K. MICHAEL**  
STREET ADDRESS **7776 RUNNING FOX WAY**  
CITY-ST-ZIP **PARKER CO 80134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)