

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000036745**

1. Entity Name

THE CONSULTING GROUP, INC. - AN ABI COMPANY**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91364 050 ***150.00

0354954

Principal Place of Business 4301 ANCHOR PLAZA PKWY SUITE 400 TAMPA FL 33634 US	Mailing Address 4301 ANCHOR PLAZA PKWY SUITE 400 TAMPA FL 33634 US
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A0069751

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 **59-3186315**
Applied For ☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****LEARNARD, ROBERT**
4301 ANCHOR PLAZA PKWY
SUITE 400
TAMPA FL 33634**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	LEARNARD, ROBERT	
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILKINS, WILLIAM B.	
STREET ADDRESS	2152 CROSS CREEK WAY	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG R. HARTER	
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

CRAIG R. HARTER

Date

4/30/01

Daytime Phone # _____

CR2E034 (10/00)