

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032840

1. Entity Name

HOLLAND & KNIGHT CONSULTING, INC.

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

INTRSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

7. Name and Address of Next 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 State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, HAROLD T JR	
STREET ADDRESS	400 NORTH ASHLEY DRIVE SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUVALL, RICHARD O	
STREET ADDRESS	400 NORTH ASHLEY DRIVE SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENGEN, NANCY I	
STREET ADDRESS	400 NORTH ASHLEY DRIVE SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, BILL	
STREET ADDRESS	400 NORTH ASHLEY DRIVE SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, MICHAEL T	
STREET ADDRESS	400 NORTH ASHLEY DRIVE SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWAIM, THOMAS C	
STREET ADDRESS	400 NORTH ASHLEY DRIVE SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Di Battiste	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas A. Zimmer	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARS Forsberg	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	President/Chief Executive Office	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas H. Dyer	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	L. Kinder Cannon III, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	400 North Ashley Drive, Suite 2300	
STREET ADDRESS	Tampa, FL 33602	
CITY-ST-ZIP		
TITLE	D/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald W. Wallis	
STREET ADDRESS	400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP	Tampa, Florida 33602	

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 #

FILED
01 MAY -1 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0338820