

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070638

1. Entity Name

THE HR CONSULTING GROUP, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90046 046 ***150.00

Principal Place of Business

Mailing Address

ONE N. DALE MABRY, SUITE 1105
TAMPA FL 33609

ONE N. DALE MABRY, SUITE 1105
TAMPA FL 33609-2760

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

59-3589234

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MELENDY, LOUIS R
ONE N. DALE MABRY, SUITE 1105
TAMPA FL 33609

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, 2000 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	<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	
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 checked="" type="checkbox"/> Addition
NAME	0/0 Louis R. Melendy
STREET ADDRESS	17317 Equestrian Trail
CITY-ST-ZIP	Odessa, FL 33556
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	0/0 Judy C. Stefan
STREET ADDRESS	2601 South Dundee St.
CITY-ST-ZIP	Tampa FL 33629
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	0/0 Lori C. Mondor
STREET ADDRESS	19107 Redbay Way
CITY-ST-ZIP	Tampa FL 33647
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	0 Margaret Melendy
STREET ADDRESS	2629 Crestline Ave.
CITY-ST-ZIP	Waterloo Iowa 50702
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	0 Sharon Melendy
STREET ADDRESS	577 East Main
CITY-ST-ZIP	Marengo Iowa 52301
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

Robert Melendy 4-4-00

Date

Daytime Phone #

(813)

876-2000

CR2E034 (9/99)