

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90034 029 \*\*\*150.00

**DOCUMENT # P99000070638**

1. Entity Name

**THE HR CONSULTING GROUP, INC.**

Principal Place of Business

**ONE N. DALE MABRY, SUITE 1105  
TAMPA FL 33609**

Mailing Address

**ONE N. DALE MABRY, SUITE 1105  
TAMPA FL 33609**

2. Principal Place of Business

**3825 Henderson Blvd.**

Suite, Apt. #, etc.

**Suite 303**

City & State

**Tampa FL**

Zip

**33629**

Country

3. Mailing Address

**3825 Henderson Blvd.**

Suite, Apt. #, etc.

**Suite 303**

City & State

**Tampa FL**

Zip

**33629**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3589234**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

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)

**3825 Henderson Blvd. Suite 303**

City

**Tampa**

Zip Code

**33629**

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 reconstituting)

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	PD	<input type="checkbox"/> Delete
NAME	MELENDY, LOUIS	
STREET ADDRESS	17217 EQUESTRIAN TRL	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEFAN, JUDY C	
STREET ADDRESS	2601 S. DUNDEE ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONDER, LORI C	
STREET ADDRESS	19107 REDBAY WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELENDY, MARGARET	
STREET ADDRESS	2629 CRESTLINE AVE	
CITY-ST-ZIP	WATERLOO IA 50701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELENDY, SHARON	
STREET ADDRESS	577 E. MAIR	
CITY-ST-ZIP	MARENGO IA 52301	
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	<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	<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:

**Robert Melendy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/2001**

Date

**813 876-2600**

Daytime Phone #

CR2E034 (10/00)