

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002790

1. Entity Name

M.C. STRATEGIC CONSULTANTS, LLC

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business ATTN: THOMAS A. COLLINS, II/TREISER, KOBZA 4001 TAMiami TRAIL NORTH, SUITE 330 NAPLES FL 34103	Mailing Address ATTN: THOMAS A. COLLINS, II/TREISER, KOBZA 4001 TAMiami TRAIL NORTH, SUITE 330 NAPLES FL 34103
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Attn: William Renner Suite, Apt. #, etc.: 519 Savannah Dr City & State: Walton KY Zip: 41094 Country: Borne	3. Mailing Address Attn: William Renner Suite, Apt. #, etc.: 519 Savannah Dr City & State: Walton KY Zip: 41094 Country: Borne
---	---

4. FEI Number 31-1697910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, THOMAS A II  
TREISER, KOBZA & LIEBERFARB, CHARTERED  
4001 TAMiami TRAIL NORTH, SUITE 330  
NAPLES FL 34103

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

*William Renner*

(NOTE: Registered Agent signature required when reinstating)

*April 29 - 01*

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>General Manager William Renner 519 Savannah Dr Walton KY 41094</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

700004376187-6  
-06/07/01--01105--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*William Renner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/29/01* *859-485-9304*