

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000002703**

1. Entity Name  
**MARKETING COMMUNICATIONS CENTERS INTERNATIONAL,**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:44

Principal Place of Business  
5824 BEE RIDGE ROAD, SUITE 164  
SARASOTA FL 34233-5065

Mailing Address  
5824 BEE RIDGE ROAD, SUITE 164  
SARASOTA FL 34233-5065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0884798</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**RAGAN, STEVEN**  
5824 BEE RIDGE ROAD, SUITE 164  
SARASOTA FL 34233-5065

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	MGRM RAGAN, STEVEN 5824 BEE RIDGE ROAD, SUITE 164 SARASOTA FL 34233-5065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>mf 3/20/00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMPE, NATE 8070 BEECHMONT AVENUE CINCINNATI OH 45255 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003179608--1 -03/22/00--01041--002 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILD, BILL 2455 OAK KNOLL P.O. Box 4171 HIWASSEE GA 30546 SARASOTA, Florida 34230 <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"/> 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *STEVEN RAGAN* **SIGNATURE STEVEN RAGAN** 3/1/00 941/925-4707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)