

2002 UNIFORM BUSINESS REPORT (UBR)

0016722 AT

APPROVED
AND
FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A33521

1. Entity Name
HEATHERWOOD KISSIMMEE, LTD.

Principal Place of Business
**7826 COOPER RD.
CINCINNATI OH 45242**

Mailing Address
**7826 COOPER RD.
CINCINNATI OH 45242**

2. Principal Place of Business
Grove at Lakeland Square

3. Mailing Address
Grove at Lakeland Square

Suite, Apt. #, etc.
3570 U.S. Hwy 98 N.

City & State
Lakeland Florida

Zip
33809

Country
U.S.A.

DUE BY MAY 1, 2002

4. FEI Number
31-1579290

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCGRATH, GREGORY K
4561 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Bluecap Realty Services Group, Inc.
Grove at Lakeland Square
3570 U.S. Hwy 98 N
Lakeland FL 33809

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 **Mark L Wilson, VP** **Mark L Wilson, VP** **3/15/02**

Signature, typed or printed name of registered agent and date if applicable. DATE

9. Capital Contributions as Shown on record. **\$350,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P97000028614
NAME	BARON CAPITAL XLV, INC.
STREET ADDRESS	7826 COOPER ROAD
CITY-ST-ZIP	CINCINNATI OH 45242
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	600005183726--2
CITY-ST-ZIP	-04/02/02--01064--001
STREET ADDRESS	***535.00 ***535.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Mark L Wilson, VP** **Mark L. Wilson, VP** **3/15/02** **513 936 3408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE