

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A95000001730**

1. Entity Name  
**BREVARD MORTGAGE PROGRAM, LTD.**

Principal Place of Business: C/O GREGORY MCGRATH, 7826 COOPER ROAD, CINCINNATI OH 45242  
Mailing Address: C/O GREGORY MCGRATH, 7826 COOPER ROAD, CINCINNATI OH 45242-7619

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-7063536**  
Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**MCGRATH, GREGORY  
4561 GULF OF MEXICO DR., #101  
LONGBOAT KEY FL 34228**

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: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$99.00**  
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 #	<b>P95000073040</b>
NAME	<b>BARON CAPITAL XII, INC.</b>
STREET ADDRESS	<b>7826 COOPER ROAD</b>
CITY - ST - ZIP	<b>CINCINNATI OH 45242</b>
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	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>000003267718-1</b>
CITY - ST - ZIP	<b>-05/26/00--0101--015</b>
	<b>****150.00 ****150.00</b>
STREET ADDRESS	
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 Wilson 4/26/00 23-936-3408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)