

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90169 023 ***158.75

05/02/09 AV

DOCUMENT # P95000050466

1. Entity Name
BARON CAPITAL XI, INC.

Principal Place of Business

Mailing Address

~~7826 COOPER RD~~
CINCINNATI OH 45242
~~US~~

~~7826 COOPER RD~~
CINCINNATI OH 45242
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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.

Grove at Lakeland Square
 Suite, Apt. #, etc.
3570 U.S. Hwy 98 N.
 City & State
Lakeland Florida
 Zip
33809
 Country
U.S.A.

4. FEI Number
65-0590763

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRATH, GREGORY
~~4561 GULF OF MEXICO DR~~
TOT
LONGBOAT KEY FL 34228

Name
Barcap Realty Services Group, Inc
 Street Address (P.O. Box Number is Not Acceptable)
Grove at Lakeland Square
3570 U.S. Hwy 98 N.
 City
Lakeland **FL** Zip Code
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH, GREGORY K	
STREET ADDRESS	7826 COOPER RD	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Astorino	
STREET ADDRESS	3570 U.S. Hwy 98 N.	
CITY-ST-ZIP	Lakeland Florida 33809	
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: Mark L. Wilson, VP Mark L. Wilson, VP 3/15/02 513 936 3408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)