

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029949

1. Entity Name

BARON CAPITAL XXVII, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90089 041 \*\*\*158.75

Principal Place of Business

7826 COOPER RD  
CINCINNATI OH 45242  
US

Mailing Address

7826 COOPER RD  
CINCINNATI OH 45242  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2235617**

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 K  
4561 GULF OF MEXICO DR  
#101  
LONGBOT KEY FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when re-issuing)

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
MCGRATH, GREGORY  
7826 COOPER RD  
CINCINNATI OH 45242

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 effect as if the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, were changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gregory K. McGrath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gregory K. McGrath**  
**April 25, 2001**  
**(513) 984-5001**

CR2E034 (10/00)  
12/1