

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90728 039 \*\*\*158.75

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**DOCUMENT # P96000030033**

1. Entity Name  
**BARON CAPITAL XXX, INC.**

Principal Place of Business

Mailing Address

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

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



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.*

DO NOT WRITE IN THIS SPACE

4. FEI Number

**58-2335502**

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~~  
~~4381 GULF OF MEXICO DR~~  
~~101~~  
~~LONGBOAT KE Y 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  
*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*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

*3/15/02*  
 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 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Robert Astorino</i><br><i>3570 U.S. Hwy 98 N.</i><br><i>Lakeland Florida 33809</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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* *5139363408*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)