

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90169 005 \*\*\*158.75

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**DOCUMENT # P96000030088**

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

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

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

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.**

4. FEI Number  
**58-2235500**

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

**Bercay 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Berome S. Rydell</b>	
STREET ADDRESS	<b>3570 U.S. Hwy 98 N.</b>	
CITY-ST-ZIP	<b>Lakeland, Florida 33809</b>	
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)