

2002 UNIFORM BUSINESS REPORT (UBR)

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

0570215 AV

DOCUMENT # **P96000035011**

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

04-01-2002 90728 041 \*\*\*158.75

Principal Place of Business Mailing Address  
~~7826 COOPER RD~~ ~~7826 COOPER RD~~  
~~CINCINNATI OH 45242~~ ~~CINCINNATI OH 45242~~  
~~US~~ US

B0056160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**Grove at Lakeland Square** **Grove at Lakeland Square**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**3570 U.S. Hwy 98 N.** **3570 U.S. Hwy 98 N.**  
 City & State City & State  
**Lakeland Florida** **Lakeland Florida**

4. FEI Number **58-2237909** Applied For  
 Not Applicable

Zip Country Zip Country  
**33809 U.S.A.** **33809 U.S.A.**

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**  
**STE 10T**  
**LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent  
 Name **Baron Realty Service Group, Inc.**  
 Street Address (P.O. Box Numbers 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.   
**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>PST</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 1

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Robert Astorino</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    |                               |  |

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)