

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080539

1. Entity Name

**BARON CAPITAL XVII, INC.**

Principal Place of Business

7826 COOPER ROAD  
CINCINNATI OH 45242  
US

Mailing Address

7826 COOPER ROAD  
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 **31-1482070**

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 DRIVE**  
~~**SUITE 301**~~  
**LONGBOAT KEY FL 34228**

Name

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

**SUITE 101**

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-appointing)

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 ROAD**  
**CINCINNATI OH 45242**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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

04-30-2001 90090 049 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)