

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90169 020 ***158.75

0570233 AV

DOCUMENT # P96000093614

1. Entity Name

BARON CAPITAL XLI, INC.

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

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.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0739235

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~~

~~4501 GULF OF MEXICO DRIVE~~

~~#10T~~

~~LONGBOAT KEY FL 34228~~

7. Name and Address of New Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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