

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90169 010 \*\*\*158.75

0570231 AV

**DOCUMENT # P97000028614**

1. Entity Name

**BARON CAPITAL XLV, INC.**

Principal Place of Business

~~7826 COOPER ROAD~~  
~~CINCINNATI OH 45242~~

Mailing Address

~~7826 COOPER ROAD~~  
~~CINCINNATI OH 45242~~

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

**58-2320748**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHEPARD, CLIFFORD B III**

**221 NORTHEAST VANHOE BLVD.**

**SUITE 205**

**ORLANDO FL 32804**

7. Name and Address of New Registered Agent

*Barclay Realty Service 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 **PST**  
NAME **MCGRATH, GREGORY**  
STREET ADDRESS **7826 COOPER RD**  
CITY-ST-ZIP **CINCINNATI OH 45242** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Robert Astorino* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *3570 U.S. Hwy 98 N.*  
CITY-ST-ZIP *Lakeland Florida 33809*

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

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

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

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

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