

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90728 042 ***158.75

05/02/01 AV

DOCUMENT # P97000037649

1. Entity Name

BARON CAPITAL LIII, INC.

Principal Place of Business

**7826 COOPER ROAD
 CINCINNATI OH 45242**

Mailing Address

**7826 COOPER ROAD
 CINCINNATI OH 45242**



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

31-1533014

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

10T

LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

Boxcar Realty Services 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. (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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

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

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

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

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TITLE ☐ Change ☐ 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)