

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90169 015 \*\*\*158.75

0570163 AV

**DOCUMENT # P97000040147**

**1. Entity Name**  
**BARON CAPITAL LIX, 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

**3. Mailing Address**

Grove at Lakeland Square

Suite, Apt. #, etc.

3570 U.S. Hwy 98 N.

Suite, Apt. #, etc.

3570 U.S. Hwy 98 N.

City & State

Lakeland Florida

City & State

Lakeland Florida

Zip

33809

Country

USA

Zip

33809

Country

U.S.A.

**4. FEI Number**

31-1546857

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 CRIVE~~  
~~#107~~  
~~LONGBOAT KEY FL 34228~~

**7. Name and Address of New Registered Agent**

~~Boycap Realty Services Group, Inc.~~  
~~Grove at Lakeland Square~~  
~~3570 U.S. Hwy 98 N.~~  
~~Lakeland FL 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 ROAD  
**CITY-ST-ZIP** CINCINNATI OH 45242

☒ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

☐ Change ☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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**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 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)