

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90169 009 \*\*\*158.75

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**DOCUMENT # P98000095117**

1. Entity Name

**BARON CAPITAL OF FLORIDA, 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**

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

**U.S.A.**

Zip

**33809**

Country

**USA**

4. FEI Number

**31-1626979**

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  
#101  
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

**Barcap Realty Services Group, Inc.  
Grove at Lakeland Square  
3570 U.S. Hwy 98 N.  
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**  
Signature, typed or printed name of registered agent and title if applicable.

**Mark L. Wilson, VP**  
(NOTE: Registered Agent signature required when reinstating)

**3/15/02**  
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** ☒ Delete  
NAME **MCGRATH, GREGORY K**  
STREET ADDRESS **7826 COOPER ROAD**  
CITY-ST-ZIP **CINCINNATI OH 45242**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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  
NAME  
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)