

# 2000 UNIFORM BUSINESS REPORT (UBR)

2016904 AF

DOCUMENT # M99000000914

1. Entity Name  
BAITA-PREMICON, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 10 AM 8:53

Principal Place of Business  
1777 NORTHEAST EXPRESSWAY, SUITE 145  
ATLANTA GA 30329

Mailing Address  
1777 NORTHEAST EXPRESSWAY, SUITE 145  
ATLANTA GA 30329-2440



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business  
3340 Peachtree Rd  
Suite, Apt. #, etc.  
Ste 1500

3. Mailing Address  
3340 Peachtree Rd  
Suite, Apt. #, etc.  
Ste 1500

City & State  
Atlanta GA

City & State  
Atlanta GA

Zip  
30326

Country  
USA

Zip  
30326

Country  
USA

4. FEI Number  
58-2473209

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Reto J. Schneider  
Street Address (P.O. Box Number is Not Acceptable)  
7400 Baymeadows Way  
Ste 107  
City  
Jacksonville FL Zip Code  
32256

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE  
4/5/00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, RETO J 1777 NE EXPRESSWAY, SUITE 145 ATLANTA GA 30329	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3340 Peachtree St. Ste 1500 Atlanta GA 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIESEMEISTER, N. EDWARD 1777 NE EXPRESSWAY, SUITE 145 ATLANTA GA 30329	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOLEOS, DAVID J 1777 NE EXPRESSWAY, SUITE 145 ATLANTA GA 30329	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003217501-1 -04/20/00-01119-013 ****576.25 ****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANOWN, PETER S 1777 NE EXPRESSWAY, SUITE 145 ATLANTA GA 30329	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3340 Peachtree St. Ste 1500 Atlanta GA 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRANER, JAMES F 1777 NE EXPRESSWAY, SUITE 145 ATLANTA GA 30329	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3340 Peachtree St. Ste 1500 Atlanta GA 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/5/00 678.686.6778  
Date Daytime Phone #

CR2E083 (9/99)