

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087900

1. Entity Name

PARNASSIA, INC.

Principal Place of Business

1771 NE EXPRESSWAY
SUITE 145
ATLANTA GA 30329
US

Mailing Address

1777 NE EXPRESSWAY
SUITE 145
ATLANTA GA 30329-2440
US

2. Principal Place of Business

3340 Peachtree Road NE

Suite, Apt. #, etc.
St 1500

3. Mailing Address

3340 Peachtree Road NE

Suite, Apt. #, etc.
St 1500

City & State

Atlanta GA

City & State

Atlanta GA

Zip

30326

Country

Zip

30326

Country

4. FEI Number

59-3232192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAITA INTERNATIONAL, INC.
8130 BAYMEADOWS WAY WEST
SUITE 302
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7400 Baymeadows way
St 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

Ret. S. S.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-00

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, 2000 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 ☐ Delete

NAME VST
STREET ADDRESS SCHNEIDER, RETO J
CITY-ST-ZIP % 8130 BAYMEADOWS WAY WEST #302
JACKSONVILLE FL

TITLE ☐ Delete

NAME DP
STREET ADDRESS MATTSON, ROBERT
CITY-ST-ZIP 8130 BAYMEADOWS WAY WEST
JACKSONVILLE FL

TITLE ☐ Delete

NAME V
STREET ADDRESS SULZBACHER, WILLIAM M
CITY-ST-ZIP 8130 BAYMEADOWS WAY WEST
JACKSONVILLE FL

TITLE ☒ Delete

NAME VP
STREET ADDRESS KOLEOS, DAVID J
CITY-ST-ZIP 1777 NE EXPRESSWAY
ATLANTA GA

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00

Date

678.686.6778

Daytime Phone #

CR27034 19/00