

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006332

1. Entity Name

SYMPHONY HOME CARE SERVICES NO. 8, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90041 045 ***150.00

Principal Place of Business

Mailing Address

2650 N. MILITARY TAIL
SUITE 240
BOCA RATON FL 33431

2714 UNION AVE. EXT.D.
MEMPHIS TN 38112

2. Principal Place of Business

2714 Union Avenue Extd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Memphis, TN

City & State

Zip

38112

Country

USA

Zip

Country

4. FEI Number

52-1906009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELKINS, ROBERT N	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, MARC B	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	WINTERS, STEPHEN H	
STREET ADDRESS	2714 UNION AVE. EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOCH, JOHN R	
STREET ADDRESS	2714 UNION AVE. EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOLING, MICHAEL J	
STREET ADDRESS	2714 UNION AVE. EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	

TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen H. Winters	
STREET ADDRESS	2714 Union Avenue Extd.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul S. Winters	
STREET ADDRESS	2714 Union Avenue Extd.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda M. Hooper	
STREET ADDRESS	2714 Union Avenue Extd.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul S. Winters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul S. Winters, Secretary 3/29/0 901-454-2484

Date

Daytime Phone #

CR2E034 (9/99)