

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002207

1. Entity Name

BALANCED CARE AT PENSACOLA, INC.

Principal Place of Business

5021 LOUISE DR., STE. 200
MECHANICSBURG PA 17055

Mailing Address

5021 LOUISE DR., STE. 200
MECHANICSBURG PA 17055-4894

2. Principal Place of Business

3310 Abbie Lane

Suite, Apt. #, etc.

3. Mailing Address

1215 Manor Drive

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Mechanicsburg PA

Zip

32514

Country

USA

Zip

17055

Country

USA

4. FEI Number

25-1807303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE CD ☐ Delete
NAME HOLLINGER, BRAD E
STREET ADDRESS 5021 LOUISE DR., STE. 200 1215 Manor Dr.
CITY-ST-ZIP MECHANICSBURG PA 17055

TITLE P ☒ Delete
NAME MARCUS, STEPHEN G
STREET ADDRESS 5021 LOUISE DR., STE. 200
CITY-ST-ZIP MECHANICSBURG PA 17055

TITLE V ☒ Delete
NAME BART, BRIAN L
STREET ADDRESS 5021 LOUISE DR., STE. 200
CITY-ST-ZIP MECHANICSBURG PA 17055

TITLE V ☒ Delete
NAME DIGILLIO, RUSSELL A
STREET ADDRESS 5021 LOUISE DR., STE. 200
CITY-ST-ZIP MECHANICSBURG PA 17055

TITLE AS ☐ Delete
NAME SUTTON, ROBERT J
STREET ADDRESS 5021 LOUISE DR., STE. 200 1215 Manor Dr.
CITY-ST-ZIP MECHANICSBURG PA 17055

TITLE S ☐ Delete
NAME BARBER, ROBIN L
STREET ADDRESS 5021 LOUISE DR., STE. 200 1215 Manor Dr.
CITY-ST-ZIP MECHANICSBURG PA 17055

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President (P) ☐ Change ☒ Addition
NAME Gary W. Anderson
STREET ADDRESS 1215 Manor Dr.
CITY-ST-ZIP Mechanicsburg PA 17055

TITLE Treasurer (T) ☐ Change ☒ Addition
NAME Diane Berger
STREET ADDRESS 1215 Manor Dr.
CITY-ST-ZIP Mechanicsburg, PA 17055

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

Diane M. Berger 2-21-00 717-796-6100

Date

Daytime Phone #

CR20034 10/99