

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002209

1. Entity Name

BALANCED CARE AT TALLAHASSEE, INC. ✓

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90031 032 \*\*\*550.00

Principal Place of Business

~~5021 LOUISE DR., STE. 200~~  
~~MECHANICSBURG PA 17055~~  
1215 Manor Drive  
Mechanicsburg PA 17055

Mailing Address

~~5021 LOUISE DR., STE. 200~~  
~~MECHANICSBURG PA 17055~~  
1215 Manor Drive  
Mechanicsburg PA 17055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 25-1807169

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	HOLLINGER, BRAD E	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input type="checkbox"/>
P	MARCUS, STEPHEN G	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input checked="" type="checkbox"/>
V	BARTH, BRIAN L	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input checked="" type="checkbox"/>
V	DIGILLIO, RUSSEL A	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input checked="" type="checkbox"/>
AS	SUTTON, ROBERT J	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input type="checkbox"/>
S	BARBER, ROBIN	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1215 Manor Drive	Mechanicsburg PA 17055	<input checked="" type="checkbox"/>
P	Gary Anderson	1215 Manor Drive	Mechanicsburg PA 17055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Clint Fegan	1215 Manor Drive	Mechanicsburg PA 17055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Robin Barber	1215 Manor Drive	Mechanicsburg PA 17055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Diane Borg	1215 Manor Drive	Mechanicsburg PA 17055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1215 Manor Drive	Mechanicsburg PA 17055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-00 717-796-6100

CR2E034 (5/00)