

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002462

1. Entity Name

BALANCED CARE AT ELPERS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90182 001 \*\*\*300.00

Principal Place of Business

5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1215 Manor Drive

Suite, Apt. #, etc.

1215 Manor Drive

City & State

Mechanicsburg

City & State

Mechanicsburg Pa

Zip

Pa 17055

Country

US

Zip

17111

Country

US

4. FEI Number

25-1808383

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 \$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	CD	<input checked="" type="checkbox"/> Delete
NAME	HOLLINGER, BRAD E	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, STEPHEN G	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DIGLIO, RUSSELL A	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SUTTON, ROBERT J	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARBER, ROBIN L	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CONNELLY, KAREN N	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	

TITLE	Brad Hollinger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	Mechanicsburg, Pa 17055	
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary W. Anderson	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	Mechanicsburg Pa 17055	
TITLE	Vice President / Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin L. Barber	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	Mechanicsburg Pa 17055	
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		
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:

*Robin L. Barber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

Daytime Phone #

CR2E034 (9/99)