

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90066 026 \*\*\*150.00

**DOCUMENT # P18968**

1. Entity Name

**CROSS COUNTRY HOME SERVICES, INC.**

Principal Place of Business

400 SAWGRASS CORPORATE PWY  
SUNRISE FL 33325  
US

Mailing Address

P O BOX 551540  
FT LAUDERDALE FL 33355-1540  
US

B0011825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1625 NW 136th Ave.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33323

Country

USA

Country

4. FEI Number

65-0033743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STARRETT CYNTHIA  
400 SAWGRASS CORP PKWY  
SUNRISE FL 33325

7. Name and Address of New Registered Agent

Name

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

1625 NW 136th Ave., Ste. 200

City

Ft. Lauderdale

FL

Zip Code  
33323

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

Cynthia J. Starrett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Cynthia J. Starrett

1/20/00

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 P ☐ Delete  
NAME HARTHAUSEN KENNETH  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE V ☐ Delete  
NAME WOLK HOWARD  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE ST ☐ Delete  
NAME STARRETT CYNTHIA  
STREET ADDRESS 400 SAWGRASS CORPORATE PWY  
CITY-ST-ZIP SUNRISE FL 33325

TITLE V ☒ Delete  
NAME ROTHMAN EVAN  
STREET ADDRESS 400 SAWGRASS CORP POKWY  
CITY-ST-ZIP SUNRISE FL 33325

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 1625 NW 136th Ave., Ste. 200  
CITY-ST-ZIP Ft. Lauderdale FL 33323

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1625 NW 136th Ave., Ste. 200  
CITY-ST-ZIP Ft. Lauderdale FL 33323

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1625 NW 136th Ave., Ste. 200  
CITY-ST-ZIP Ft. Lauderdale FL 33323

TITLE ☐ Change ☒ Addition  
NAME Sandra C. Finn  
STREET ADDRESS 1625 NW 136th Ave., Ste. 200  
CITY-ST-ZIP Ft. Lauderdale FL 33323

TITLE ☐ Change ☒ Addition  
NAME L Ashley Cole  
STREET ADDRESS 1625 NW 136th Ave., Ste. 200  
CITY-ST-ZIP Ft. Lauderdale FL 33323

TITLE VICE PRES ☐ Change ☒ Addition  
NAME DAVID BROYLES  
STREET ADDRESS 1625 NW 136th Ave., Ste. 200  
CITY-ST-ZIP FT. LAUDERDALE, FL 33323

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:

Cynthia J. Starrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia J. Starrett

1/20/00

Date

954-835-1900

Daytime Phone #