

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90068 008 ****70.00

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1. Entity Name

THE EDMUND GAINES GRAHAM HOME, INC.

Principal Place of Business

Mailing Address

2400 EAST HENRY AVENUE
 TAMPA FL 33610

% MENTAL HEALTH CARE, INC.
 5707 N 22ND STREET
 TAMPA FL 33610-4350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3214834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PIZZO, PAUL
501 EAST KENNEDY BLVD.
STE. 1700
TAMPA FL 33602

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D GILLETTE, DONALD R**
 STREET ADDRESS **12213 N. ARMENIA AVENUE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **1006 N ARMENIA AVENUE**
 CITY-ST-ZIP **TAMPA, FL 33606**

TITLE Delete
 NAME **PD MELLAN, WILLIAM**
 STREET ADDRESS **5707 N. 22ND STREET**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **1206 N PARK AVENUE**
 CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE Delete
 NAME **D CHOATE, ROBERT**
 STREET ADDRESS **2405 CAROLINA AVE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME
 STREET ADDRESS **4658 MIRABELLA CT.**
 CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE Delete
 NAME **D GOULD, ZOE**
 STREET ADDRESS **5010 BAYSHORE BLVD**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **3301 BAYSHORE BLVD., #1207**
 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE Delete
 NAME **D BALLAS, EDWARD**
 STREET ADDRESS **2506 LANCER DRIVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **2506 LANCER DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33618**

TITLE Delete
 NAME **ST ROGERS, JOHN**
 STREET ADDRESS **6603 STAFFORD RD**
 CITY-ST-ZIP **PLANT CITY FL 33656**

TITLE Change Addition
 NAME
 STREET ADDRESS **6603 STAFFORD RD**
 CITY-ST-ZIP **PLANT CITY, FL 33565**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Mellan*
William Mellan, Chairperson

January 25, 2000 (813) 272-2244