

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90084 011 \*\*\*\*70.00

**DOCUMENT # N93000002345**

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**

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

**59-3214834**

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

**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 **D** ☐ Delete  
NAME **GILLETTE, DONALD R**  
STREET ADDRESS **1006 N ARMENIA AVE**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **MELLAN, WILLIAM**  
STREET ADDRESS **1206 N PARK AVE**  
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☒ Change ☐ Addition  
NAME **MELLAN, WILLIAM**  
STREET ADDRESS **1206 N. Park Ave.**  
CITY-ST-ZIP **Plant City, FL 33566**

TITLE **D** ☐ Delete  
NAME **CHOATE, ROBERT**  
STREET ADDRESS **4658 MIRABELLA CT**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE **PD** ☒ Change ☐ Addition  
NAME **CHOATE, ROBERT**  
STREET ADDRESS **4658 Mirabella Ct.**  
CITY-ST-ZIP **St. Pete Beach, FL 33706**

TITLE **D** ☐ Delete  
NAME **GOULD, ZOE**  
STREET ADDRESS **3301 BAYSHORE BLVD # 1207**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BALLAS, EDWARD**  
STREET ADDRESS **2506 LANCER DRIVE**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 life empowers.

SIGNATURE:

*Robert Choate*  
**Robert Choate, President**

3/29/09

(813) 272-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)