

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90108 019 ****70.00

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1. Entity Name
THE EDMUND GAINES GRAHAM HOME, INC.



Principal Place of Business

**2400 EAST HENRY AVENUE
TAMPA FL 33610**

Mailing Address

**% 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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILLETTE, DONALD R	
STREET ADDRESS	1006 N ARMENIA AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELLAN, WILLIAM	
STREET ADDRESS	1208 N PARK AVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHOATE, ROBERT	
STREET ADDRESS	2866 BAYSHORE TRAILS DR	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOULD, ZOE	
STREET ADDRESS	3301 BAYSHORE BLVD # 1207	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLAS, EDWARD	
STREET ADDRESS	2506 LANCER DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARRISH, JIMMY	
STREET ADDRESS	6053 GENTLE BEND CIRCLE	
CITY-ST-ZIP	WESLEY CHAPLE FL 33544	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *WILLIAM A. MELLAN* **william A. Mellan (813) 272-2244**

CR2E037 (10/02)