

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001278

1. Entity Name

ROME APARTMENTS, INC.

Principal Place of Business

5707 NORTH 22ND STREET  
TAMPA FL 33610

Mailing Address

5707 NORTH 22ND STREET  
TAMPA FL 33610-4350

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

59-3367808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MENTAL HEALTH CARE, INC.  
5707 NORTH 22ND STREET  
TAMPA FL 33610

## 7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME CHOATE, ROBERT COL.  
STREET ADDRESS 2405 CAROLINA AVENUE  
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete  
NAME HOWARD, DALE  
STREET ADDRESS CENTURY 21/LINK REALTY, 1905 E BAKER ST #2  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☐ Delete  
NAME MELLAN, WILLIAM A DR.  
STREET ADDRESS 39 COLUMBIA DR STE 321  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Delete  
NAME PARSONS, SALLY  
STREET ADDRESS 908 BRUCE STREET  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Delete  
NAME BARRON, ELIZABETH  
STREET ADDRESS 3325 BAYSHORE BL., SUITE F-34  
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete  
NAME ROGERS, JOHN  
STREET ADDRESS 6603 STAFFORD RD  
CITY-ST-ZIP PLANT CITY FL 33606

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*Sally Parsons*  
Sally Parsons, Chairperson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25, 2000 (813) 272-2244

Date

Daytime Phone #

FILED  
Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90120 001 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE