

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

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

02-04-2003 90109 028 ****70.00

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**

80021323



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3367808**

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **CHOATE, ROBERT COL**
STREET ADDRESS **2866 BAYSHORE TRAILS DR.**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **STD** ☐ Delete
NAME **BALLAS, ED**
STREET ADDRESS **2506 LANCER DR**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **PD** ☐ Change ☐ Addition
NAME **PARONS, SALLY**
STREET ADDRESS **908 BRUCE STREET**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **PD** ☒ Change ☐ Addition
NAME **PARONS, SALLY**
STREET ADDRESS **51035 MACDILL AVE.**
CITY-ST-ZIP **TAMPA, FL 33611**

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

TITLE **D** ☐ Change ☐ Addition
NAME **BELL, NANCY**
STREET ADDRESS **625 BOSSPORUS AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Delete
NAME **BELL, NANCY**
STREET ADDRESS **625 BOSSPORUS AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Change ☐ Addition
NAME **BELL, NANCY**
STREET ADDRESS **625 BOSSPORUS AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Delete
NAME **BELL, NANCY**
STREET ADDRESS **625 BOSSPORUS AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Change ☐ Addition
NAME **BELL, NANCY**
STREET ADDRESS **625 BOSSPORUS AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

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* **1/14/03**
Sally Parsons, President **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)