

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90106 048 \*\*\*\*61.25

**DOCUMENT # N09247**

1. Entity Name

**DADE COUNTY VOA ELDERLY HOUSING, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>1765 WEST 42ND PLACE<br>HIALEAH FL 33012<br>US | Mailing Address<br>3939 N CAUSEWAY BLVD<br>STE 300<br>METAIRIE LA 70002-1777<br>US |
|---|--|

|                                |  |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address<br><b>VOA National Services</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.<br>1660 Duke St.               |
| City & State                   | City & State<br><b>Alexandria, VA</b>              |
| Zip                            | Zip<br>22314-3427                                  |
| Country                        | Country<br>USA                                     |



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 4. FEI Number<br><b>58-1700955</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 S PINE ISLAND RD<br/>PLANTATION FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROGERS, JAMES<br>110 S UNION ST<br>ALEXANDRIA VA 22314 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/NVD<br>Shahab Dadjou<br>1660 Duke St.<br>Alexandria, VA 22314-3427 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NORMAN, JOHN<br>3100 DIVISION ST<br>METAIRIE LA <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>70002  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHEDLER, LARRY G<br>1450 POYDRAS ST, STE 1000<br>NEW ORLEANS LA 70112 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KELLEY, PATRICK C<br>2721 DIVISION ST<br>METAIRIE LA 70002 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>CLARK, THOMAS J<br>110 S UNION ST<br>ALEXANDRIA VA 22314 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ST/NVD<br>Ron Patterson<br>7530 Market Place Dr<br>Eden Prairie, MN 55344 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FASTERLING, CHARLES W<br>2955 RIDGELAKE DR<br>METAIRIE LA <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>70002  |

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:** SIGNATURE REQUIRED Shahab Dadjou, Pres. 793.341.5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 15017 (3/99)

N09247  
A0066253

DOCUMENT NO. N09247

DADE COUNTY VOA ELDERLY HOUSING, INC.

11. Additional Directors

D  
Thomas P. Perkins  
1000 Howard Ave Suite 100  
New Orleans, LA 70113

D  
Keith Wetherspoon  
816B Wilshire Blvd.  
Metairie, LA 70005

D  
Karl Zollinger  
228 St. Charles ve  
New Orleans, LA 70130