

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90123 002 ****61.25

DOCUMENT # N09247
1. Entity Name
 DADE COUNTY VOA ELDERLY HOUSING, INC. *(IA)*

Principal Place of Business		Mailing Address	
Dade County VOA Elderly Housing, Inc. 1765 West 42nd Place Hialeah, FL 33012		VOA National Services 1660 Duke St. Alexandria, VA 22314	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

A0086749

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION, FL. 33324		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 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	D/NVD Dadou, Shahab 1660 Duke.St. Alexandria, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norman, John H 3100 Division St. Metairie, LA 70002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schedler, Larry G 3900 No. Causeway, S1424 Metairie, LA 70002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fasterling, Charles 2955 Ridgelake Dr. S109 Metairie, LA 70002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perkins, Thomas P 1000 Howard Ave, S 100 New Orleans, LA 70113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelley, Patrick C 2721 Division St. Metairie, LA 70002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Ron Patterson* **8/15/01** **504 834 3407**

CR2E037 (5/01)

Attachment
of N09247
A0066749

Dade County VOA Elderly Housing, Inc.
Document No. N 09247

10. Officers and Directors

Title STNVD
Name Ron Patterson
Street Address 7530 Market Place Dr.
City, St., Zip Eden Prairie, MN 55344

Title D
Name Keith Weatherspoon
Street Address 7401 Windmill Court
City, St., Zip Alexandria, VA 22307

Title D
Name Karl Zollinger
Street Address 911 Winona Dr.
City, St., Zip Mandeville, LA 70471

