

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91620 030 \*\*\*\*61.25

**DOCUMENT # F01000004732**

1. Entity Name

**ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPO  
 RATION**

Principal Place of Business

Mailing Address

4300 N. UNIVERSITY DRIVE, SUITE D-106  
 LAUDERHILL FL 33351

4300 N. UNIVERSITY DRIVE, SUITE D-106  
 LAUDERHILL FL 33351

00001521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1580 Sawgrass Corp. Pkwy

#210

City & State

City & State

Sunrise, Fl.

4. FEI Number

65-0665009

Applied For

Not Applicable

Zip

Country

Zip

Country

33323

USA

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

SCHMELZER, ERICA  
 4300 N. UNIVERSITY DRIVE, SUITE D-106  
 LAUDERHILL FL 33351

Name

Street Address (P.O.-Box Number is Not Acceptable)

1580 Sawgrass Corporate Parkway, #210

City  
 Sunrise,

FL

Zip Code  
 33323

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY, JOHN J	
STREET ADDRESS	1125-15TH STREET NW	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ANTHONY J	
STREET ADDRESS	29 SNOWFLAKE LANE	
CITY-ST-ZIP	EDISON NJ 08820	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, SUSAN L	
STREET ADDRESS	1775 K STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	D	<input type="checkbox"/> Delete
NAME	SYKES, JIM	
STREET ADDRESS	2100 ROWLEY AVENUE	
CITY-ST-ZIP	MADISON WI 53705	
TITLE	P	<input type="checkbox"/> Delete
NAME	WORLEY, KENNETH L	
STREET ADDRESS	10337 AKINSVILLE DRIVE	
CITY-ST-ZIP	FORTUNA MO 65034	
TITLE	V	<input type="checkbox"/> Delete
NAME	PROTULIS, STEVE	
STREET ADDRESS	9422 CLOCKTOWER LANE	
CITY-ST-ZIP	COLUMBIA MD 21046	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1580 Sawgrass Corporate Parkway
CITY-ST-ZIP	Sunrise, Fl. 33323 Suite#210

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:

*Steve Protulis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02  
 Date

954-835-9200  
 Daytime Phone #

CR2E037 (9/01)