

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-14-2002 90031 003 ****61.25

DOCUMENT # 719807

1. Entity Name

CHILD CARE RESOURCES, INC.

Principal Place of Business

Mailing Address

1731 NW 6TH STREET
 GAINESVILLE FL 32607

1731 NW 6TH STREET
 GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1356075

Applied For

Not Applicable

Zip

Country

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KELLEHER, BARBARA
 1731 NORTHWEST SIXTH STREET
 GAINESVILLE FL 32609

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 **TD** ☐ Delete
 NAME **CAMERON, ROBERT**
 STREET ADDRESS **6233 NW 5TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Cameron, Robert**
 STREET ADDRESS **6233 NW 5th Terrace**
 CITY-ST-ZIP **Gainesville FL 32653**

TITLE **PD** ☐ Delete
 NAME **MAXWELL, LULA**
 STREET ADDRESS **2642 NE 43RD AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32605-1608**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Maxwell Lula**
 STREET ADDRESS **2642 NE 43rd Ave**
 CITY-ST-ZIP **Gainesville, FL 32605-1608**

TITLE **S/D** ☒ Delete
 NAME **HANRAHAN, MARY ELLEN**
 STREET ADDRESS **3730 NW 16TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **Chestnut, Cynthia M.**
 STREET ADDRESS **911 NE Blvd**
 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)