

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722273

1. Entity Name

CHILD CARE RESOURCE NETWORK, INC.

Principal Place of Business

230 NORTH BEACH STREET, 2ND FLOOR  
DAYTONA BEACH FL 32114  
US

Mailing Address

230 NORTH BEACH STREET, 2ND FLOOR  
DAYTONA BEACH FL 32114-3302  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1368567

Applied For

Not Applicable

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

SHEPPARD, JO  
230 NORTH BEACH STREET, 2ND FLOOR  
DAYTONA BEACH FL 32114

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

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 PD  
NAME SHARP, WINIFRED J HONORAB ☐ Delete  
STREET ADDRESS 5TH DIS. CT. OF AP. 300 S BEACH ST  
CITY-ST-ZIP DAYTONA BEACH FL 32114

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

TITLE VD  
NAME QUELLO, KIM ☐ Delete  
STREET ADDRESS 25 COCHISE COURT  
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE TS  
NAME RITCHEY, CYNTHIA R ☐ Delete  
STREET ADDRESS 59 DAGGETT COVE  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE TS ☒ Change ☐ Addition  
NAME RITCHEY, CYNTHIA R.  
STREET ADDRESS 2314 S. Halifax Drive  
CITY-ST-ZIP Daytona Beach, FL 32118

TITLE PD ☒ Delete  
NAME ACER, DON  
STREET ADDRESS 881 NORTH BEACH ST  
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE D ☐ Delete  
NAME ACER, DON  
STREET ADDRESS 881 NORTH BEACH STREET  
CITY-ST-ZIP ORMOND BEACH FL 32174

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:

Winifred J. Sharp  
President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

904-947-1518

Daytime Phone #

CR2E037 (9/99)

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90102 017 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE