

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722273

1. Entity Name

CHILD CARE RESOURCE NETWORK, INC.

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90067 012 ****70.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1368567

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

TITLE VD
NAME RITCHEY, CYNTHIA R
STREET ADDRESS 2314 S HALIFAX DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

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

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

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

TITLE TS
NAME BARNEY, FRED
STREET ADDRESS 533 N NOVA ROAD SUITE 204
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Kim Quello
Kim Quello

2-13-02

1-800-343-8158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



Child Care Resource Network

Attachment
2116889

February 14, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # 722273

Dear Ms. Harris:

Enclosed you will find our signed, completed 2002 Uniform Business Report along with a check in the amount of \$70.00 for the annual filing fee of \$61.25 and \$8.75 for a copy of our certificate of status. We would appreciate your processing these and forwarding our certificate.

Thank you very much for your attention to this matter.

Cordially,

Teresa Smith
Executive Assistant

Enclosures

