

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90192 045 ****61.25

DOCUMENT # 746600

1. Entity Name

PARENT-CHILD CENTER, INC.

Principal Place of Business

Mailing Address

**2500 METROCENTRE BLVD., SUITE 3
 WEST PALM BEACH FL 33407**

**2500 METROCENTRE BLVD., SUITE 3
 WEST PALM BEACH FL 33407-3107**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1964034

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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

**KLEIN, STUART B
 1551 FORUM PLACE
 SUITE 400-B
 WEST PALM BEACH FL 33401**

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 Delete
 NAME WILLE, ROGER K
 STREET ADDRESS 247 EDWARDS LANE
 CITY-ST-ZIP PALM BEACH SHORES FL 33404

TITLE TD Change Addition
 NAME Sherry Mazorra
 STREET ADDRESS 3615 B Road
 CITY-ST-ZIP Loxahatchee, FL 33470

TITLE D Delete
 NAME LECLAIR, CHARLES R.
 STREET ADDRESS 1150 WOODCREST RD., WEST
 CITY-ST-ZIP WEST PALM BCH. FL

TITLE VD Change Addition
 NAME Wayne Campbell
 STREET ADDRESS 215 NW 15th St.
 CITY-ST-ZIP Delray Beach, FL 33444

TITLE D Delete
 NAME BERTISCH, ROBERT
 STREET ADDRESS 224 DATURA ST HARVEY BLDG #301
 CITY-ST-ZIP W PALM BCH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME MASSEY, KEVIN
 STREET ADDRESS 3213 VINCENT RD
 CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME BOYCE, MICHELLE G
 STREET ADDRESS 2080 TARRAGON RD
 CITY-ST-ZIP W PALM BCH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME CONSTANTINO, RENEE
 STREET ADDRESS 909 FERN ST
 CITY-ST-ZIP WEST PALM BEACH FL 33401

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: *Sherry Mazorra*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000 576-844-3460
 Date Daytime Phone #

CR2E037 (9/99)