

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUL 23 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0049779

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**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



05/16/01-90024-042 \$ 8.75

4. FEI Number **59-1964034** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**Klein, Stuart
1551 Forum Pl.
STE 400
West Palm Beach, FL**

*Erased in
ERROR*

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
700004547797-6
City State Zip
FL 33408

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 *Stuart Klein* DATE **4/20/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLE, ROGER K 247 EDWARDS LANE PALM BEACH SHORES FL 33404 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECLAIR, CHARLES R. 1150 WOODCREST RD., WEST WEST-PALM BCH. FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAZORRA, SHERRY 3615 B ROAD LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, WAYNE 215 NW 15TH STREET DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYCE, MICHELLE G 2080 TARRAGON RD W PALM BCH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Campbell, Wayne 215 NW 15th St. DeLray Beach, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cathy Vice Chair 2nd Cathy Cottle 9071 SE Eagle Avenue Hobe Sound, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair 1st Walter Pierce Jr PhD Barry University 123 N. Military Trail Ste 103 PB Gardens, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mazorra Sherry 3615 B Road Loxahatchee FL 33470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lou Macloskey 3 River Chase Terrace Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stuart Klein* DATE: **4-20-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)