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 — X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Klein, Stuart 1551 Forum Pl. STE 400 West Palm Beach, Fl	Name Street Address (P.O. Box Number is Not Acceptable) City

Erased in ERROR

700004547797--6
08/21/01 01088-037
*****61.25 *****61.25

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 B Klein 4/20/01

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	TITLE	PD ☑ Change ☐ Addition
NAME	WILLE, ROGER K	NAME	Campbell, Wayne
STREET ADDRESS	247 EDWARDS LANE	STREET ADDRESS	215 NW 15th St.
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	CITY-ST-ZIP	Delray Beach, Fl 33444
TITLE	D ☑ Delete	TITLE	~~Cathy~~ VicChair 2nd ☐ Change ☑ Addition
NAME	LECLAIR, CHARLES R.	NAME	Cathy Cottle
STREET ADDRESS	1150 WOODCREST RD., WEST	STREET ADDRESS	9071 SE Eagle Avenue
CITY-ST-ZIP	WEST PALM BCH. FL	CITY-ST-ZIP	Hobe Sound, Fl 33455
TITLE	TD ☐ Delete	TITLE	Vice Chair 1st ☐ Change ☑ Addition
NAME	MAZORRA, SHERRY	NAME	Walter Pierce Jr PhD
STREET ADDRESS	3615 B ROAD	STREET ADDRESS	Barry University 9123 N. Military Trail Ste 103
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	PB Gardens, Fl 33410
TITLE	VD ☑ Delete	TITLE	TD ☐ Change ☐ Addition
NAME	CAMPBELL, WAYNE	NAME	Mazorra, Sherry
STREET ADDRESS	215 NW 15TH STREET	STREET ADDRESS	3615 B Road
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	Loxahatchee, Fl 33470
TITLE	D ☑ Delete	TITLE	D Secretary ☐ Change ☑ Addition
NAME	BOYCE, MICHELLE G	NAME	Lou Macloskey
STREET ADDRESS	2080 TARRAGON RD	STREET ADDRESS	3 River Chase Terrace
CITY-ST-ZIP	W PALM BCH FL	CITY-ST-ZIP	Palm Beach Gardens, Fl 33410
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

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: Kristina Caplice REQUIRED 4-20-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #