

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33055

1. Entity Name

CHILD CARE RESOURCE & REFERRAL, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90080 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

551 SE 8TH STREET  
SUITE 300  
DELRAY BEACH FL 33483  
US

551 SE 8TH STREET  
SUITE 300  
DELRAY BEACH FL 33483-5183  
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

65-0128225

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

TIRPAK, K. LEE  
551 S.E. 8TH STREET  
SUITE 300  
DELRAY BEACH FL 33483

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

K. Lee Tirpak, Executive Director

1/5/00

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 NAME ☐ Delete  
ANDREWS, DIANE  
STREET ADDRESS 1200 NORTH FEDERAL HIGHWAY, #300  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE NAME ☐ Delete  
VP  
CARNEY, PETER  
STREET ADDRESS 1101 N. CONGRESS AVENUE, STE. 200  
CITY-ST-ZIP BOYNTON BEACH FL 33426

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

TITLE NAME ☐ Delete  
S  
POLLACK, RICH  
STREET ADDRESS 200 E. LAS OLAS BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE NAME ☐ Delete  
T  
BELLEN, ELLIOT  
STREET ADDRESS 6100 GLADES ROAD, STE. 314  
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE NAME ☐ Delete  
T  
BENNETT, BILL  
STREET ADDRESS 8317 BOB-O-LINK DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33412

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

TITLE NAME ☐ Delete  
T  
HARFST, JACQUELINE  
STREET ADDRESS 2815 SOUTH SEACREST BOULEVARD  
CITY-ST-ZIP BOYNTON BEACH FL 33435

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:

K. Lee Tirpak, Executive Director

1/5/00 (561)265-2423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)