

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90031 026 \*\*\*\*70.00

**DOCUMENT # N33055**

1. Entity Name

**CHILD CARE RESOURCE & REFERRAL, INC.**

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  
 US

2. Principal Place of Business  
 as above

3. Mailing Address  
 as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0128225**

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

**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* January 16, 2001

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	P	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, DIANE	
STREET ADDRESS	1200 NORTH FEDERAL HIGHWAY, #300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, PETER	
STREET ADDRESS	1101 N. CONGRESS AVENUE, STE. 200	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POLLACK, RICH	
STREET ADDRESS	200 E. LAS OLAS BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BELLEN, ELLIOT	
STREET ADDRESS	6100 GLADES ROAD, STE. 314	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, BILL	
STREET ADDRESS	8317 BOB-O-LINK DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARFST, JACQUELINE	
STREET ADDRESS	2815 SOUTH SEACREST BOULEVARD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter H. Carney, Esq.	
STREET ADDRESS	811 George Bush Boulevard	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rich Pollack	
STREET ADDRESS	5143 Cleveland Road	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Staats	
STREET ADDRESS	6819 141st Lane North	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elliott Weinberg, Weinberg & Co., PA	
STREET ADDRESS	6100 Glades Road, Suite 314	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Andrews	
STREET ADDRESS	20920 Encanto Court	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elliot Bellen	
STREET ADDRESS	3594 S. Ocean Boulevard, Suite 1001	
CITY-ST-ZIP	Highland Beach, FL 33487	

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:

**SIGNATURE REQUIRED**

*Tirpak* January 16, 2001 (561) 265-2423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)