

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90139 033 \*\*\*\*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

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*  
 Signature, typed or printed name of registered agent and title if applicable.

*K. Lee Tirpak, Executive Director*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

*1/30/02*

**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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDREWS, DIANE</b> <b>20920 ENCANTO COURT</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARNEY, PETER ESQ</b> <b>811 GEORGE BUSH BOULEVARD</b> <b>DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>POLLACK, RICH</b> <b>5143 CLEVELAND ROAD</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELLEN, ELLIOT</b> <b>3594 S OCEAN BLVD SUITE 1001</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WEINBERG, ELLIOTT</b> <b>6100 GLADES ROAD SUITE 314</b> <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STAATS, KIM</b> <b>6819 141ST LANE NORTH</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARNEY, PETER H. ESQ.</b> <b>811 GEORGE BUSH BOULEVARD</b> <b>DELRAY BEACH, FL 33483</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KOESER, BRUCE J</b> <b>13341 BARWICK ROAD</b> <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>POLLACK, RICH</b> <b>5143 CLEVELAND ROAD</b> <b>DELRAY BEACH, FL 33484</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WEINBERG, ELLIOTT</b> <b>6100 GLADES ROAD, SUITE 314</b> <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STAATS, KIM</b> <b>6819 141ST LANE NORTH</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDREWS, DIANE</b> <b>20920 ENCANTO COURT</b> <b>BOCA RATON, FL 33433</b>	<input checked="" 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:** *Peter H. Carney* **SIGNATURE REQUIRED**

January 29, 2002 (561) 330-8140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)