

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90566 048 \*\*\*\*70.00

**DOCUMENT # N94000003505**

1. Entity Name

COMMUNITY CHILD CARE RESOURCES, INC.

Principal Place of Business

2207 18TH AVE  
 VERO BEACH FL 32960  
 US

Mailing Address

P O BOX 3451  
 VERO BEACH FL 32964  
 US

2. Principal Place of Business

1750 20th St

Suite, Apt. #, etc.

Room 204

City & State

Vero Beach FL

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0523165

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PATTEN, BARBARA J  
 2207 18TH AVE  
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Barbara J Patten

Street Address (P.O. Box Number is Not Acceptable)

1750 20th St

City

Vero Beach FL

Zip Code

32960

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

Barbara J Patten

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

**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: DV - President  
 NAME: DEAL, SUSAN BLAXILL  
 STREET ADDRESS: 2721 WHIPPOWILL LANE  
 CITY-ST-ZIP: VERO BEACH FL 32960 ☐ Delete

TITLE: DP  
 NAME: DEAL, SUSAN  
 STREET ADDRESS: 2721 WHIPPOWILL LANE  
 CITY-ST-ZIP: VERO BEACH FL ☒ Delete

TITLE: DV  
 NAME: DONADIO, ANTHONY  
 STREET ADDRESS: P.O. BOX 7072  
 CITY-ST-ZIP: VERO BEACH FL ☒ Delete

TITLE: DS  
 NAME: HILL, KATE  
 STREET ADDRESS: 2205 14TH AVENUE  
 CITY-ST-ZIP: VERO BEACH FL ☒ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President  
 NAME: Susan Blaxill Deal D ☐ Change ☐ Addition  
 STREET ADDRESS: Same  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Vice Pres. D ☒ Change ☐ Addition  
 NAME: Kate Hill  
 STREET ADDRESS: 2205 14th Ave  
 CITY-ST-ZIP: Vero Beach FL

TITLE: Secretary D ☐ Change ☒ Addition  
 NAME: Nelen Murray  
 STREET ADDRESS: 2720 Whipporwill Ln  
 CITY-ST-ZIP: Vero Beach FL

TITLE: Treasurer D ☐ Change ☒ Addition  
 NAME: Keith Kite  
 STREET ADDRESS: 1045 Winding River Rd  
 CITY-ST-ZIP: Vero Beach FL

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

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

SIGNATURE REQUIRED

Exec. Director

Date

4-27-00

561-3202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)