

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90079 001 \*\*\*\*61.25

**DOCUMENT # N50407**

1. Entity Name

**KIDS BEATING CANCER, INC.**

Principal Place of Business

Mailing Address

~~455 DOUGLAS AVE~~  
~~#2655~~  
~~ALTAMONTE SPRINGS FL 32714~~

~~455 DOUGLAS AVE~~  
~~#2655~~  
~~ALTAMONTE SPRINGS FL 32003-1424~~

2. Principal Place of Business

615 E. Princeton St

Kids Beating Cancer, Inc

615 E. Princeton St., #540

Orlando, FL 32803

(407) 894-2888 FAX (407) 894-5599

Suite, Apt. #, etc.

540

City & State  
 Orlando FL

Zip  
 32803

Country  
 Orange



DO NOT WRITE IN THIS SPACE

FEI Number

**NOT APPLICABLE**

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

**VOIGHT-GUEDES, MARGARET**

Kids Beating Cancer, Inc  
 615 E. Princeton St., #540  
 Orlando, FL 32803

Name

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

City

**FL**

Zip Code

purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Margaret Voight Guedes*  
 Signature, typed or printed name of registered agent and title if applicable  
**Margaret Voight Guedes, President**

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-15-00

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHEPPARD, CLIFFORD	221 N.E. IVANHOE BLVD. STE., 205	ORLANDO FL	<input type="checkbox"/>
DP	VOIGHT, MARGARET	1010 VIA MERANO CT	WINTER PARK FL 32789	<input type="checkbox"/>
D	GUEDES, BEN M	615 E. PRINCETON STREET, SUITE 540	ORLANDO FL	<input type="checkbox"/>
D	ROBINSON, MD D	2501 N. ORANGE AVE., STE. 510	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

Paul Wean, P.A.  
 1305 E. Robinson St  
 Orlando FL 32801

Marilyn Stout  
 1400 S. Orlando Ave # 103  
 Winter Park FL 32789

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:

*Margaret Voight Guedes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 4-15-00 Daytime Phone #: (407) 894-2888

CR2E037 (9/99)