

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006045

1. Entity Name

THE BREAST CANCER RIDE FOR LIFE, INC.

Principal Place of Business

9817 CARMEL PARK DRIVE  
ORLANDO FL 32817

Mailing Address

9817 CARMEL PARK DRIVE  
ORLANDO FL 32817-2754

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90309 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3482365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, WILLIAM  
419 W ROBINSON STREET  
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KINARD, BEVERLY  
CITY-ST-ZIP 735 E COUNTY RD  
LAKE PANASOFFKEA FL 33538

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WINKLER, PAIGE  
CITY-ST-ZIP 804 E WASHINGTON ST  
ORLANDO FL 32803

TITLE ☐ Delete  
NAME P  
STREET ADDRESS LAUREN-WINKLER, MICHELLE  
CITY-ST-ZIP 9817 CARMEL PARK DR,  
ORLANDO FL 32817

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HALL, LUCIND  
CITY-ST-ZIP 670 S. FORT CHRISTMAS ROAD  
CHRISTMAS FL 32709

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Michelle Lauren-Winkler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Lauren-Winkler  
President

Date 4-27-2000 Daytime Phone # 407-677-4728

CR2E037 (9/99)