

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90019 028 ****61.25

DOCUMENT # N94000002566

1. Entity Name

BELZ ACADEMY, INC.

Principal Place of Business

Mailing Address

1635 COLONIAL BLVD.
 FT MYERS FL 33907

1635 COLONIAL BLVD.
 FT MYERS FL 33907-1101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0497504

Applied For
 Not Applied

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

BELZ, ANDREA
1635 COLONIAL BLVD.
FT MYERS FL 33907

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BELZ, ANDREA	
STREET ADDRESS	4370 TUFTS AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	FURLOW, KELSEY	
STREET ADDRESS	4370 TUFTS AVENUE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPPELLE, SHERRY	
STREET ADDRESS	13319 CARIBBEAN BLVD SE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	C	<input type="checkbox"/> Delete
NAME	PATTON, EVELYN	
STREET ADDRESS	481 MARSH AVENUE	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELTON, CAROLYN	
STREET ADDRESS	2107 SUNRISE BLVD.	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	C	<input type="checkbox"/> Delete
NAME	JOHNS, BONNIE	
STREET ADDRESS	12518 RIVER RD SE	
CITY-ST-ZIP	FT. MYERS FL 33905	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Anthony Sodano	
STREET ADDRESS	152 SE 19TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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: *Andrea Belz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000
 Date

(941)277-7089
 Daytime Phone #