

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846953

1. Entity Name

BELZ INVESTMENT COMPANY, INC.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90060 044 \*\*\*150.00

Principal Place of Business

100 PEABODY PLACE  
SUITE 2400  
MEMPHIS TX 38103  
US

Mailing Address

100 PEABODY PLACE  
SUITE 1400  
MEMPHIS TN 38103  
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 62-0577155

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BELZ, JACK A	
STREET ADDRESS	100 PEABODY PLACE #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BELZ, MARTIN S	
STREET ADDRESS	100 PEABODY PLACE #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WILLIAMS, JIMMIE D.	
STREET ADDRESS	100 PEABODY PL. #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANOVER, JEROME H	
STREET ADDRESS	100 PEABODY PLACE #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROVEMAN, ANDREW J	
STREET ADDRESS	100 PEABODY PLACE	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01

901-767-4780

CR2E034 (10/00)