

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90076 036 ***150.00

DOCUMENT # F97000004974

1. Entity Name

BELZ PARTNERS ORLANDO, INC.

Principal Place of Business

Mailing Address

100 PEABODY PL., STE. 1400
 MEMPHIS TN 38103

100 PEABODY PL., STE. 1400
 MEMPHIS TN 38103-3648

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

62-1732231

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

C0037815



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
~~1200 SOUTH PINE ISLAND ROAD~~
PLANTATION FL 33324

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, 2000 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELZ, JACK A		NAME		
STREET ADDRESS	100 PEABODY PL., STE. 1400		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38103		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELZ, MARTIN S		NAME		
STREET ADDRESS	100 PEABODY PL., STE. 1400		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38103		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELZ, RONALD A		NAME		
STREET ADDRESS	100 PEABODY PL., STE. 1400		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38103		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROVEMAN, ANDREW J		NAME		
STREET ADDRESS	100 PEABODY PL., STE. 1400		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38103		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JIMMIE D		NAME		
STREET ADDRESS	100 PEABODY PL., STE. 1400		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Jimmie D Williams

Date

03/08/00

Daytime Phone #

(901) 260-7285