2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000004974

1. Entity Name
BELZ PARTNERS ORLANDO, INC.

Principal Place of Business
100 PEABODY PL., STE. 1400
MEMPHIS, TN 38103

Mailing Address
100 PEABODY PL., STE. 1400
MEMPHIS, TN 38103

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1732231
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BELZ, JACK A
STREET ADDRESS	100 PEABODY PL., STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	DP
NAME	BELZ, MARTIN S
STREET ADDRESS	100 PEABODY PL., STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	DP
NAME	BELZ, RONALD A
STREET ADDRESS	100 PEABODY PL., STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	VD
NAME	GROVEMAN, ANDREW J
STREET ADDRESS	100 PEABODY PL., STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	DV
NAME	WILLIAMS, JIMMIE D
STREET ADDRESS	100 PEABODY PL., STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000002/2260
03/21/05-80083-021 150.00

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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 607, 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: _____ 3/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #