

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13949

1. Entity Name

BELIZE INTERNATIONAL EDUCATIONAL FOUNDATION, INC

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90915 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 555  
LAKELAND FL 33801

P. O. BOX 555  
LAKELAND FL 33802-0555

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

59-2669818

Applied For

Not Applicable

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

JONES, PAUL A.  
2252 EAST MEADOWS ROAD  
LAKELAND FL 33813

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 ☒ Delete  
NAME SMITH, EDDIE  
STREET ADDRESS 4090 ROLLINS OAK DR.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE (D) JAMES RILEY ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 3408 SWINDELL RD.  
CITY-ST-ZIP LAKELAND FL 33801

TITLE D ☐ Delete  
NAME JONES, PAUL A.  
STREET ADDRESS 2252 EASTMEADOWS ROAD  
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ Delete  
NAME MILTON, CHARLES H  
STREET ADDRESS 5658 EL DORADO AVE.  
CITY-ST-ZIP LAKELAND FL 33809

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

TITLE D ☐ Delete  
NAME CLARKE, WILLIE F  
STREET ADDRESS 219 MIAMI ST.  
CITY-ST-ZIP LAKELAND FL 33805

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

TITLE D ☐ Delete  
NAME REYES, JOHN  
STREET ADDRESS 2302 EASTMEADOWS RD.  
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 863-644-8734

CR2E037 (9/99)