

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002566

1. Entity Name

BELZ ACADEMY, INC.

FILED

Jan 22, 2000 8:00 am
Secretary of State

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

Principal Place of Business

1635 COLONIAL BLVD.
FT MYERS FL 33907

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

65-0497504

Applied For

Not Applied

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BELZ, ANDREA
4370 TUFTS AVE
FT MYERS FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Anthony Sodano
152 SE 19TH LANE
CAPE CORAL FL 33990 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FURLOW, KELSEY
4370 TUFTS AVENUE
FT MYERS FL 33901 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CHAPPELLE, SHERRY
13319 CARIBBEAN BLVD SE
FT MYERS FL 33905 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
PATTON, EVELYN
481 MARSH AVENUE
FT. MYERS FL 33905 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MELTON, CAROLYN
2107 SUNRISE BLVD.
FT MYERS FL 33907 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
JOHNS, BONNIE
12518 RIVER RD SE
FT. MYERS FL 33905 ☐ Delete

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

Date

(941)277-7089

Daytime Phone #