

DOCUMENT # N94000002566

1. Entity Name

BELZ ACADEMY, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90044 020 ****61.25

Principal Place of Business

1635 COLONIAL BLVD.
FT MYERS FL 33907

Mailing Address

1635 COLONIAL BLVD.
FT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0497504

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MR. ANTHONY SODANO
CITY-ST-ZIP 152 SE 19 LANE
CAPE CORAL, FL. 33990

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Andrea Belz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 (941) 277-7089
Date Daytime Phone #

CR2E037 (10/00)

00688