

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90355 025 \*\*\*\*61.25

**DOCUMENT # N94000002566**

1. Entity Name

**BELZ ACADEMY, INC.**



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0497504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BELZ, ANDREA  
1635 COLONIAL BLVD.  
FT MYERS FL 33907**

7. Name and Address of New Registered Agent

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. 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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELZ, ANDREA</b>	
STREET ADDRESS	<b>4370 TUFTS AVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FURLOW, KELSEY</b>	
STREET ADDRESS	<b>4370 TUFTS AVENUE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CHAPPELLE, SHERRY</b>	
STREET ADDRESS	<b>13319 CARIBBEAN BLVD SE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33905</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>SODANO, MARTHA</b>	
STREET ADDRESS	<b>152 SE 19TH LANE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, CARLA</b>	
STREET ADDRESS	<b>PO BOX 380852</b>	
CITY-ST-ZIP	<b>MURDOCK FL 33938</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNS, BONNIE</b>	
STREET ADDRESS	<b>12518 RIVER RD SE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33905</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>N. Everett Keith</b>	
STREET ADDRESS	<b>6803 Lake McGregor Cir.</b>	
CITY-ST-ZIP	<b>Ft. Myers FL 33919</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Leonard LaRose</b>	
STREET ADDRESS	<b>3032 SW 5th Av.</b>	
CITY-ST-ZIP	<b>Cape Coral FL 33914</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbara Martin</b>	
STREET ADDRESS	<b>PO BOX 380652</b>	
CITY-ST-ZIP	<b>Murdoch FL 33938</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sodano, Martha</b>	
STREET ADDRESS	<b>4107 OASIS BLVD.</b>	
CITY-ST-ZIP	<b>Cape Coral FL 33914</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

**1/10/03 (239) 277-7089**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)