2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P12490

1. Entity Name
BELZ HOTEL MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
100 PEABODY PL STE 1400 MEMPHIS, TN 38103 US	100 PEABODY PLACE STE 1400 MEMPHIS, TN 38103 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1157955
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELZ, MARTIN S.
STREET ADDRESS	100 PEABODY PL. #1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	STD
NAME	WILLIAMS, JIMMIE D.
STREET ADDRESS	100 PEABODY PL. #1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	VD
NAME	BELZ, RONALD A.
STREET ADDRESS	100 PEABODY PL
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	VP
NAME	GROVEMAN, ANDREW
STREET ADDRESS	100 PEABODY PL. #1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/06-80042-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Jimmie D. Williams 2/17/06 901-260-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #