

**2002 UNIFORM BUSINESS REPORT (UBR)**

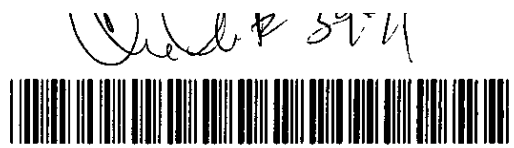
**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90090 041 \*\*\*150.00

**DOCUMENT # P94000009547**

1. Entity Name  
**BELZ PRIVATE SCHOOL, INC.**

Principal Place of Business Mailing Address  
**1634 SE 47TH ST 1634 SE 47TH ST**  
**STE 15 STE 15**  
**CAPE CORAL FL 33904 CAPE CORAL FL 33904**  
**US US**



2. Principal Place of Business Suite, Apt. #, etc.  
 City & State

3. Mailing Address Suite, Apt. #, etc.  
 City & State

4. FEI Number **65-0460126** Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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**

**LOOMIS, SHARON**  
**1634 SE 47TH ST**  
**STE 15 13**  
**CAPE CORAL FL 33904**

Name **Sharon Loomis** Suite #  
 Street Address (P.O. Box Number is Not Acceptable)  
**1634 SE 47th St, STE 13-14**  
**Cape Coral FL**  
 City **33904** FL **33904**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>LOOMIS, SHARON</b> <b>1634 SE 47TH ST STE 15</b> <b>CAPE CORAL FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date **1/08/02** (941) 945-6009  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)