


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

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90219 012 \*\*\*\*61.25

<b>DOCUMENT # 704631</b>					
1. Entity Name <b>PYRAMID CLUB, INC.</b>					
Principal Place of Business <b>695 CORNELIA CT ORLANDO FL 32811</b>			Mailing Address <i>Elizabeth Turner</i> <b>VALAIDA HENDERSON 695 CORNELIA CT ORLANDO FL 32811</b>		
2. Principal Place of Business <i>4186 Gaither St.</i>		3. Mailing Address <i>4186 Gaither St.</i>			
City & State <i>Orl, Fla</i>		City & State <i>Orl, Fla</i>		4. FEI Number <b>23-7218179</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>32811</b> Country		Zip <b>32811</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SIPLIN, GARY 5020 SILVER STAR ROAD ORLANDO FL 32808</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPARD, DELORES 3510 HAGE WAY ORLANDO FL 32805 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, VALAIDA 695 CORNELIA CT ORLANDO FL 32811 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elizabeth Turner</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4186 Gaither St</i> <i>Orl, Fla 32811</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNAGE, CAROLYN 4444 S RIO GRANDE 320 D ORLANDO FL 32839 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, ELIZABETH 4186 GAITHER STREET ORLANDO FL 32811 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Janice Buford</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3047 N. Santa St.</i> <i>Orlando, FL 32807</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, MABLE 1320 MABLE BUTLER BLVD ORLANDO FL 32805 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>		<b>SIGNATURE REQUIRED</b> <i>Valaida Henderson</i> <b>VALAIDA HENDERSON</b> <i>28-03</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E037 (10/02)

(407) 2992687