

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 91078 023 ****61.25

DOCUMENT # N02000004460

1. Entity Name
THE PYRAMID SOCIETY, INC.



Principal Place of Business
**C/O JOHN R HOWES ESO
633 SE THIRD AVENUE SUITE 4R
FORT LAUDERDALE FL 33301**

Mailing Address
**C/O JOHN R HOWES ESO
633 SE THIRD AVENUE SUITE 4R
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWES, JOHN R ESO
633 SE THIRD AVENUE SUITE 4R
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **LYNDA O'BRIEN**
Street Address (P.O. Box Number is Not Acceptable)
4410 NE 16 TERR
City **FT. LAUDERDALE FL** Zip Code **33334**

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

Lynda O'Brien

2/10/03

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 **PRESIDENT** ☐ Delete
NAME **LYNDA O'BRIEN**
STREET ADDRESS **4410 NE 16 TERR**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33334**

TITLE **VP VARSITY MEANS** ☐ Delete
NAME **DARRAN BLAKE**
STREET ADDRESS **2401 NE 22 TERR.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33305**

TITLE **VP MEMBERSHIP** ☐ Delete
NAME **JOAN NASH COURTADE**
STREET ADDRESS **220 MACFARLANE DR.**
CITY-ST-ZIP **DELRAY BCH, FL 33433**

TITLE **VP PUBLIC RELATIONS** ☐ Delete
NAME **MAGDA ALZURI**
STREET ADDRESS **960 E. TROPICAL WAY**
CITY-ST-ZIP **PLANTATION, FL 33170**

TITLE **SECRETARY** ☐ Delete
NAME **GLORIA KLINE**
STREET ADDRESS **1220 NE 3 ST. #305**
CITY-ST-ZIP **FT. LAUD., FL 33301**

TITLE **TREASURER** ☐ Delete
NAME **MURIEL ZBAR**
STREET ADDRESS **1 EAST BROWARD BLVD. SUITE 700**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE **D** ☐ 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:

Lynda O'Brien **2/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)