

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006128

1. Entity Name

THE TYREE ORGANIZATION, LTD. INC.

Principal Place of Business

Mailing Address

208 ROUTE 109
FARMINGDALE NY 11735

208 ROUTE 109
FARMINGDALE NY 11735-1503

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 13-3516545

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	TYREE, WILLIAM F	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	CST	<input type="checkbox"/> Delete
NAME	TYREE, WILLIAM M	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TYREE, STEPHEN J	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOTARO, JAMES M	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ASST. VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN E. LONEGAN	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE, NY 11735	
TITLE	ASST. VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD J. CONWAY	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE, NY 11735	
TITLE	ASST. VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAM S. DEAL	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE, NY 11735	
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		

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:

Brian E. Longan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN E. LONEGAN, ASST. VP

02-29-00

631-249-3150

Date

Daytime Phone #

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90005 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)