

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91307 018 ***150.00

DOCUMENT # F98000006128

1. Entity Name
THE TYREE ORGANIZATION, LTD. INC.

Principal Place of Business

**208 ROUTE 109
 FARMINGDALE NY 11735**

Mailing Address

**208 ROUTE 109
 FARMINGDALE NY 11735**

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, 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. EXISTING OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TYREE, WILLIAM F	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TYREE, WILLIAM M	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	VD	<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	DUFEK, THOMAS N	
STREET ADDRESS	208 ROUTE 109	
CITY-ST-ZIP	FARMINGDALE NY 11735	
TITLE	AV	<input type="checkbox"/> Delete
NAME	LONEGAN, BRIAN E	
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"/> 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		
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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

4/25/02
 Date

6312493150
 Daytime Phone #

CR2E034 (9/01)