

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000108988

1. Entity Name
TYRONE COMPANY

Principal Place of Business

605 NE 1ST ST., SUITE E

GAINESVILLE
32601

FL

Mailing Address

605 NE 1ST ST., SUITE E

GAINESVILLE
32601

FL

2. Principal Place of Business

5750 AVENUE G

3. Mailing Address

P.O. BOX 265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MCINTOSH

FL

City & State

MCINTOSH

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip
32664

Country

Zip
32664

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

BOONE SAM WJR.
605 NE 1ST ST., SUITE E

GAINESVILLE
32601

FL

Name

GLASS BEVERLY T

Street Address (P.O. Box Number is Not Acceptable)
5750 AVENUE G

City
MCINTOSH

FL

Zip Code
32664

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 **BEVERLY T. GLASS**

04/30/2001

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, 2001 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 D ☐ Delete
NAME BOONE SAM WJR.
STREET ADDRESS 605 NE 1ST ST., SUITE E
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☒ Change ☐ Addition
NAME GLASS BEVERLY T
STREET ADDRESS 5750 AVENUE G
CITY-ST-ZIP MCINTOSH FL 32664

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **BEVERLY T. GLASS**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)