

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000097391R**

1. Entity Name

**Cyr Building & Development, Inc.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Ste. 20**

Suite, Apt. #, etc.

City & State  
**Windermere, FL**

City & State

Zip  
**34786**

Country  
**U.S.A**

Zip

Country

4. FEI Number

**59-3477598**

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

Name  
**Timothy J. LARSON**

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

**625 MAIN ST.**

**St. 20**

City

**Windermere**

FL

Zip Code

**34786**

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

*Timothy J. Larson*

**TIMOTHY J. LARSON**

**MAY 31, 2000**

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

TITLE  
**VICEPRESIDENT**  
NAME  
**Steve Cyr**  
STREET ADDRESS  
**430 Crofton Drive**  
CITY-ST-ZIP  
**OC000, FL 34761**

☐ Delete

TITLE  
**PRESIDENT**  
NAME  
**TONY Cyr**  
STREET ADDRESS  
**365 Blue Stone Circle**  
CITY-ST-ZIP  
**Winter Garden, FL 34707**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Steve Cyr*

**6/8/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-909-0888**

FILED

00 JUL 12 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00063329

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)