

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90116 015 ****70.00

DOCUMENT # P06257

1. Entity Name

THE MARTY LYONS FOUNDATION, INC.

Principal Place of Business

Mailing Address

333 EARLE OVINGTON BLVD.
 SUITE 600-P.O. BOX 9323
 MITCHEL FIELD NY 11553-9323

333 EARLE OVINGTON BLVD.
 SUITE 600-P.O. BOX 9323
 MITCHEL FIELD NY 11553-9323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE PENN PLAZA

3. Mailing Address

ONE PENN PLAZA

Suite, Apt. #, etc.

Suite 1824

Suite, Apt. #, etc.

Suite 1824

City & State

New York, New York

City & State

New York, New York

4. FEI Number

13-3146696

Applied For

Not Applicable

Zip

10119

Country

U.S.A.

Zip

10119

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYMTRON, JAMES
3142 SHORELINE DR
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name

Deborah Brown

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

405 Preserve Terrace

City

Lake Mary

FL

Zip Code

32744

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

Deborah Brown

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

Deborah Brown - Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **CD** Delete
 NAME **LYONS, MARTY**
 STREET ADDRESS **333 EARLE OVINGTON BLVD., SUITE 600**
 CITY-ST-ZIP **MITCHEL FIELD NY 11553-9323**

TITLE **VD** Delete
 NAME **SCHROY, KENNETH**
 STREET ADDRESS **79 RUSSELL RD**
 CITY-ST-ZIP **GARDEN CITY NY 11530**

TITLE **VD** Delete
 NAME **PECHEUR, RICHARD**
 STREET ADDRESS **145 MAIN AVE.**
 CITY-ST-ZIP **SEA CLIFF NY**

TITLE **PD** Delete
 NAME **KIFFEL, MARTIN**
 STREET ADDRESS **9 EAST GATE LANE**
 CITY-ST-ZIP **OLD FIELD NY 11733**

TITLE **TD** Delete
 NAME **WAGNER, RICHARD**
 STREET ADDRESS **90 JACKSON AVE**
 CITY-ST-ZIP **ROCKVILLE CENTRE NY 11570**

TITLE **SD** Delete
 NAME **HAASE, GAIL**
 STREET ADDRESS **333 EARLE OVINGTON BLVD., STE. 600**
 CITY-ST-ZIP **MITCHEL FIELD NY 11553-9323**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **President**
 NAME **Marilyn Green**
 STREET ADDRESS **43 East Gramercy Place**
 CITY-ST-ZIP **Glenn Rock, N.J. 07452**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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:

Marilyn M. Green
Marilyn M. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

201-445-4546

CR2E037 (9/99)