

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90006 018 \*\*\*\*70.00

**DOCUMENT # P06257**

1. Entity Name

**THE MARTY LYONS FOUNDATION, INC.**

Principal Place of Business

**ONE PENN PLAZA  
 STE 1824  
 NEW YORK NY 10119**

Mailing Address

**ONE PENN PLAZA  
 STE 1824  
 NEW YORK NY 10119**

2. Principal Place of Business

**326 W. 48th Street**  
 Suite, Apt. #, etc.

3. Mailing Address

**326 W. 48th Street**  
 Suite, Apt. #, etc.

City & State

**New York, New York**

City & State

**New York, New York**

Zip  
**10036**

Country  
**USA**

Zip  
**10036**

Country  
**USA**

4. FEI Number

**13-3146696**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, DEBORAH  
 765 PRESERVE TERRACE  
 LAKE MARY FL 33746**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 GREEN, MARILYN  
 43 EAST GRAMERCY PLACE  
 GLEN ROCK NJ 07452** ☐ Delete

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CHAIRMAN  
 MARTY LYONS  
 8 White Pine Court  
 Smithtown, NY 11787** ☒ Change ☐ Addition

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

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

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

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

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

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 7/6/01 212-977-9474

0015911

CR2E037 (5/01)