

# 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

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

*326 W. 48th Street*

*326 W. 48th Street*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*New York, New York*

City & State

*New York, New York*

4. FEI Number

**13-3146696**

Applied For

Not Applicable

Zip  
*10036*

Country  
*USA*

Zip  
*10036*

Country  
*USA*

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

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

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	<b>CD LYONS, MARTY 333 EARLE OVINGTON BLVD., SUITE 600 MITCHEL FIELD NY 11553-9323</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SCHROY, KENNETH 79 RUSSELL RD GARDEN CITY NY 11530</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PECHEUR, RICHARD 145 MAIN AVE. SEA CLIFF NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREEN, MARILYN 43 EAST GRAMERCY PLACE GLEN ROCK NJ 07452</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WAGNER, RICHARD 90 JACKSON AVE ROCKVILLE CENTRE NY 11570</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HAASE, GAIL 333 EARLE OVINGTON BLVD., STE. 600 MITCHEL FIELD NY 11553-9323</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN MARTY LYONS 8 White Pine Court Smithtown, NY 11787</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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)



DO NOT WRITE IN THIS SPACE