

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S47099**

1. Entity Name **LION PROPERTY INC**

980709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O PAVIA & HARCOURT

3. Mailing Address

C/O PAVIA & HARCOURT

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

600 MADISON AVENUE

Suite, Apt. #, etc.

600 MADISON AVENUE

City & State

New York

City & State

New York

4. FEI Number

65-0278703

Applied For

Not Applicable

Zip

NY 10022

Country

U.S.A.

Zip

NY 10022

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **THE PRENTICE HALL CORPORATION SYSTEM**

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

1201 HAY STREET

City **TALLAHASSEE**

FL

Zip Code

FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	D FANELLO NICOLA BEACON HOUSE, 15 CHRISTCHURCH RD BURNHAMTHORPE, DORSET BH1 3LB ENGLAND
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BULL DAVID JAMES BEACON HOUSE, 15 CHRISTCHURCH RD BURNHAMTHORPE, DORSET BH1 3LB ENGLAND
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PAVIA, GEORGE 600 MADISON AVENUE, 12TH FL. NEW YORK NY 10022
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **D.J. Bull** **DAVID JAMES BULL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/05/02

Date

01144120255164

Daytime Phone #

CR2E034B (12/01)