

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743114

1. Entity Name

BURGUNDY C ASSOCIATION, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90108 032 \*\*\*\*61.25

Principal Place of Business

PRIME MANAGEMENT GROUP, INC.  
6300 PK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

Mailing Address

PRIME MANAGEMENT GROUP, INC.  
6300 PRK OF COMMERCE BLVD  
BOCA RATON FL 33487-8229  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1895048

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

SWATT, MYRON  
6300 PK OF COMMERCE BLVD  
BOCA RATON FL 33487

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME SHUREN, IDA  
STREET ADDRESS KINGS PT. BURGUNDY C 140  
CITY-ST-ZIP DELRAY BCH. FL ☒ Delete

TITLE P  
NAME Herb Weiselberg  
STREET ADDRESS 100 Burgundy C  
CITY-ST-ZIP Delray Beach ☐ Change ☒ Addition

TITLE V  
NAME KRAUS, SHIRLEY  
STREET ADDRESS BURGUNDY C 126  
CITY-ST-ZIP DELRAY BCH. FL ☐ Delete

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

TITLE ST  
NAME TURNER, JEAN  
STREET ADDRESS KINGS PT BURGUNDY C97  
CITY-ST-ZIP DELRAY BCH. FL ☐ Delete

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

TITLE D  
NAME BASKIN, DAVID  
STREET ADDRESS BURGUNDY C 123  
CITY-ST-ZIP DELRAY BCH. FL ☐ Delete

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

TITLE DD  
NAME KAHN, LUCILLE  
STREET ADDRESS 121 BURGUNDY C  
CITY-ST-ZIP DELRAY BCH. FL ☐ Delete

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

TITLE D  
NAME BLENDER, IRWIN  
STREET ADDRESS 143 BURGUNDY C  
CITY-ST-ZIP DELRAY BCH. FL 33484 ☒ Delete

TITLE D  
NAME Joseph meritiz  
STREET ADDRESS 102 Burgundy C  
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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

Daytime Phone #

CR2E037 (9/99)