

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743710

1. Entity Name

BURGUNDY P ASSOCIATION, INC.

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

04-27-2000 90119 008 ****61.25

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP INC.
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487

PRIME MANAGEMENT GROUP INC.
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487-8229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1880550

Applied For

Not Applicable

Zip

Country

Zip

Country

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 PARK 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 PD Delete
 NAME KAPLAN, DOROTHY R.
 STREET ADDRESS 726 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH FL

TITLE VP Change Addition
 NAME Kaplan, Dorothy
 STREET ADDRESS 726 Burgundy P
 CITY-ST-ZIP

TITLE VP Delete
 NAME KAPLAN, HOWARD
 STREET ADDRESS 760 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH FL

TITLE P Change Addition
 NAME Kaplan, Howard
 STREET ADDRESS 760 Burgundy P
 CITY-ST-ZIP

TITLE SD Delete
 NAME BROADY, SYLVIA
 STREET ADDRESS 739 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH FL

TITLE S Change Addition
 NAME Klein, Frances
 STREET ADDRESS 751 Burgundy P
 CITY-ST-ZIP

TITLE TD Delete
 NAME GILMAN, IDA
 STREET ADDRESS 723 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DD Delete
 NAME SIMON, LEO
 STREET ADDRESS 731 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH FL

TITLE D Change Addition
 NAME TelPinsterin, Harriet
 STREET ADDRESS 721 Burgundy P
 CITY-ST-ZIP

TITLE DD Delete
 NAME WECHSIER, ARCHIE
 STREET ADDRESS 730 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH FL

TITLE D Change Addition
 NAME Feldman, Rita
 STREET ADDRESS 766 Burgundy P
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)