

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744902

1. Entity Name

BURGUNDY K ASSOCIATION, INC.

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
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

59-1903176

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 PRK 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

TANENBAUM, PHYLLIS
521 BURGUNDY K
DELRAY BCH FL

☒ Delete

RISTIANO, CONNIE
505 BURGUNDY K
DELRAY BEACH FL

☐ Delete

SOLOMON, MANNY
489 BURGUNDY K
DELRAY BEACH FL

☐ Delete

SPIEGEL, ADELE
503 BURGUNDY K
DELRAY BEACH FL

☒ Delete

COLCURCIO, MARY
527 BURGUNDY K
DELRAY BEACH FL

☒ Delete

FRIEDMAN, ROSALIND
492 BURGUNDY K
DELRAY BCH FL

☐ Delete

madrazzo, David
509 Burgundy K

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TD madrazzo, Pat
509 Burgundy K

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ 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 March 1-2001

499-7653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)