

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746861

1. Entity Name

NORMANDY O ASSOCIATION, INC.

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

04-27-2000 90116 007 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1991174

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 HELMAN, FRANCES
STREET ADDRESS 679 NORMANDY D
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ Delete

NAME NISSENMAN, SOL
STREET ADDRESS 675 NORMANDY O
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☐ Delete

NAME HURWITZ, MARGE
STREET ADDRESS 713 NORMANDY D
CITY-ST-ZIP DELRAY BEACH FL FL

TITLE TD ☐ Delete

NAME SAMBERG, JEANETTE
STREET ADDRESS 677 NORMANDY O
CITY-ST-ZIP DELRAY BEACH FL

TITLE DD ☐ Delete

NAME FREEMAN, MAC
STREET ADDRESS 676 NORMANDY O
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Delete

NAME BECK, HERBERT
STREET ADDRESS 687 NORMANDY O
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME D Miller, Ann
STREET ADDRESS 698 - Normandy O
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME VP Beck, Herbert
STREET ADDRESS 687 Normandy O
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 #

3/9/00

498-0848

CR2E037 (9/99)