

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90265 017 ****61.25

DOCUMENT # 749480

1. Entity Name

PIEDMONT "C" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

PRIME MGMT GROUP INC.
 6300 PARK 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

59-2058370

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 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 **1VP** ☐ Delete
 NAME **SCHECTER, SIDNEY**
 STREET ADDRESS **131 PIEDMONT C**
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE **D** ☐ Delete
 NAME **BRUNO, CHIESA**
 STREET ADDRESS **116 PIEDMONT C**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **SD** ☐ Delete
 NAME **FLORINE, KAYE**
 STREET ADDRESS **PIEDMONT C #102**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **PD** ☐ Delete
 NAME **GOLDBERGER, BERNARD**
 STREET ADDRESS **PIEDMONT C #117**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE **TD** ☐ Delete
 NAME **RICHMAN, PHILIP**
 STREET ADDRESS **127 PIEDMONT C**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

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

TITLE **2VP** ☐ Delete
 NAME **HOLTZ, ARTHUR**
 STREET ADDRESS **120 PIEDMONT C**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE ☒ Change ☐ Addition
 NAME **Holtz, Arthur**
 STREET ADDRESS **120 Piedmont C**
 CITY-ST-ZIP **Delray Beach FL 33484**

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 another like empowered.

SIGNATURE:

Philip Richman
PHILIP RICHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)