

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	<input type="checkbox"/> Delete
NAME	KAPLAN, DOROTHY R.	
STREET ADDRESS	726 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAPLAN, HOWARD	
STREET ADDRESS	760 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROADY, SYLVIA	
STREET ADDRESS	739 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILMAN, IDA	
STREET ADDRESS	723 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	SIMON, LEO	
STREET ADDRESS	731 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	WECHSIER, ARCHIE	
STREET ADDRESS	730 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaplan, Dorothy	
STREET ADDRESS	726 Burgundy P	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaplan, Howard	
STREET ADDRESS	760 Burgundy P	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Frances	
STREET ADDRESS	751 Burgundy P	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Telpinsterin, Harriet	
STREET ADDRESS	721 Burgundy P	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 #

[Handwritten Signature] 2/17/00 - 561 4988529

CR2E037 (9/99)