

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

0004364

DOCUMENT # 743710

1. Entity Name

BURGUNDY P ASSOCIATION, INC.

04-20-2001 90017 044 ****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**



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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V PD	Kaplan, Dorothy	726 Burgundy P		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Kaplan, Howard	760 Burgundy P		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Klein, Frances	751 Burgundy P		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Telpinsterin, Harriet	721 Burgundy P		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	wechsler, Archie	730 Burgundy P		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 561-998-8529
 Date Daytime Phone #

CR2E037 (10/00)